

Confrérie de la Chaîne des Rôtisseurs

National Administrative Office
Chaîne House at Fairleigh Dickinson University
285 Madison Avenue
Madison, NJ 07940-1099
Tel: 973.360.9200
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**Admission Form
Professional**

COUNTRY:

Last Name:
First & Middle Names:

Membership in other Gastronomy Associations or Clubs?

Professional Plaque Agreement

Having been sponsored and approved for Professional Membership in the Bailliage des Etats-Unis of the Confrérie de la Chaîne des Rôtisseurs ("Chaîne"), I have agreed to accept the Chaîne Professional Plaque and display it at all times in a conspicuous and appropriate place of honor in my establishment so that it may bring the greatest attention from the general public. I will faithfully discharge the duties and role of a Professional Member of the Chaîne to the best of my ability. Should I move to a different establishment, I will remove the Chaîne Plaque from my former establishment and similarly post it in a conspicuous and appropriate place of honor at my new location. I also agree that upon termination of my membership in the Chaîne (regardless of reason), I will promptly return the Chaîne Plaque to the Chaîne National Office or to the Bailli of the Bailliage in which I am then a member. Notwithstanding the fact that I have been granted possession of the Chaîne Plaque for display incident to my membership, I understand that it remains the property of the Chaîne, which can demand its return (at my cost) at any time, with or without cause.

Signature: _____ Date: _____

Establishment Classification

Hotel (without restaurant)
Number of Rooms:

Restaurant
Number of Covers:

Hotel (with restaurant)
Number of Rooms:
Number of Covers:

Restaurant & Hotel/with Restaurant
Cuisine Type:

Viticulture (Specify):

BAILLI APPROVAL

Proposed Title for Member:

BAILLI APPROVAL & COMMENTS:

Name of Bailli:

Bailliage of: _____

Signature: _____

Date: ____/____/____
(Day) (Month) (Year)

Financial Situation

Amount Paid:

Check #: _____ Bank: _____

Date of Payment: ____/____/____
(Day) (Month) (Year)

Name on Credit Card: _____

Credit Card #: _____

Expires: _____ CVV: _____