

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
 Fax: 973.360.9330
 Email: chaine@chaineus.org

**Admission Form
Professional****COUNTRY:****Last Name:****First & Middle Names:**

Date of Birth:

Gender: Male Female

Marital Status: Citizenship:

Languages Spoken:

Home Address:

Street Address:

City:

State:

Zip Code:

Country:

Use this mailing address Use this email

Home Phone:

Home Fax:

Home Email:

Mobile: (Optional)

Business Name:

Profession:

Position (Occupation Profession):

Type of Business:

Business Sector:

Website:

Business Address:

Street Address:

City:

State:

Zip Code:

Country:

Use this mailing address Use this email

Work Phone:

Work Fax:

Work Email:

Mobile: (Optional)

Name of Your Spouse/Partner:

Chaîne Member: Yes/No

Sponsors (Chaîne Members)

Primary:

Signature: _____

Second:

Signature: _____

I, the undersigned, confirm that all the information provided is correct, and agree to fully adhere, without reservation, to the National By-Laws, rules and regulations of the Chaîne des Rôtisseurs, Ltd. and abide and respect them both in principle and in spirit. and grant permission and hold harmless the organization to use my likeness in photographs in its publications and all other media, without compensation.

Date: _____

Signature: _____

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**Admission Form
Professional**

COUNTRY:

Last Name:

First & Middle Names:

Membership in other Gastronomy Associations or Clubs?

STAMP	<p>Previous Chaîne member?</p> <p>If yes, which Bailliage?:</p> <p>Last Active Year:</p> <p>Country:</p> <p>Chapter:</p> <p>I require a new ribbon: (yes or no)</p>
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Establishment Classification

Hotel (with restaurant)

Number of Rooms:

Number of Covers:

Classification:

Restaurant

Number of Covers:

For Restaurant & Hotel with Restaurant

Cuisine Type:

Hotel (without restaurant)

Number of Rooms:

Classification:

Viticulture (Specify)

Proposed Title for Member:

BAILLI APPROVAL & COMMENTS:

Name of Bailli:

Bailliage of:

Signature: _____

Bailli Phone:

Date:

Bailli Email:

Financial Situation	Check No:	Bank:
Amount Paid:	Name on Credit Card:	
Date of Payment:	Credit Card #:	
	Expires:	CWV: