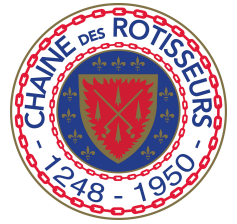


# ADMISSION FORM

# PROFESSIONAL MEMBER



Page 1 of 3

TO BE COMPLETED BY THE MEMBER

*\*These sections/fields must be completed*

## PERSONAL INFORMATION\*

COUNTRY (National Bailliage)	<input type="text"/>	NATIONALITY	<input type="text"/>
LAST NAME	<input type="text"/>	TITLE	<input type="text"/>
FIRST & MIDDLE NAMES (max. 2)	<input type="text"/>	PASSWORD	<input type="text"/>
DATE OF BIRTH		<i>Required for Member Log-in</i>	
Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>	
		GENDER	
		<input type="radio"/> Female	<input type="radio"/> Male

## PROFESSIONAL INFORMATION\*

Position (Occupation)	<input type="text"/>	Professional Status	<input type="text"/>
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## BUSINESS ADDRESS\*

**NOTE : NO P.O. BOXES for PROFESSIONAL/HOTEL, RESTAURANT & VITICULTURE ESTABLISHMENTS)**

ESTABLISHMENT (Company) NAME	<input type="text"/>		
N°+ Street/Avenue (etc.)	<input type="text"/>		
<input type="text"/>			
City/Suburb	<input type="text"/>	Post (Zip) Code	<input type="text"/>
State/Province	<input type="text"/>	Country	<input type="text"/>
Tel N°	<input type="text"/>	Fax N°	<input type="text"/>
		Mobile N°	<input type="text"/>
Email	<input type="text"/>	Website	<input type="text"/>

## HOME ADDRESS

N° + Street/Avenue (etc.)	<input type="text"/>		
<input type="text"/>			
City/Suburb	<input type="text"/>	Post (Zip) Code	<input type="text"/>
State/ Province	<input type="text"/>	Country	<input type="text"/>
Mobile N°	<input type="text"/>	Email	<input type="text"/>
Tel N°	<input type="text"/>	Fax N°	<input type="text"/>

Preferred POSTAL address\* (select one only) :

HOME

BUSINESS

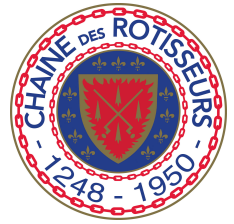
Preferred EMAIL address\* (select one only) :

HOME

BUSINESS

# ADMISSION FORM

## PROFESSIONAL MEMBER



Page 2 of 3

TO BE COMPLETED BY THE MEMBER

*\*These sections/fields must be completed*

### ESTABLISHMENT INFORMATION\*

**NOTE : THIS INFORMATION MUST BE COMPLETED FOR THE ONLINE PROFESSIONAL DIRECTORY & IS A MANDATORY CRITERIA FOR MAÎTRE AND ABOVE MEMBERS TO RECEIVE THE CHAÎNE PLAQUE**

Establishment Type

Number of Stars (Hotel)

Number of Rooms (Hotel)

Cuisine Type ('Restaurant' or 'Hotel with Restaurant') [Select at least one type]

Number of Covers (Restaurant capacity/seats)

Contemporary  Traditional  International

French  Italian  Asian

Benefits offered to members?  Yes  No

Benefits Offered

Will you display the Chaîne plaque?  Yes  No

Will you display the Ordre Mondial des Gourmets Dégustateurs plaque?  Yes  No

Credit Cards Accepted? (Select at least one)

American Express  VISA  MasterCard  Diners Club  JCB  None

Additional Information (not addressed above that you wish to communicate to members and for other establishment types)

Languages Spoken (Select at least 1)

IS YOUR SPOUSE /PARTNER A CHAÎNE MEMBER?  Yes  No

If 'Yes', complete these details : Last Name  First Name

### CHAÎNE FOUNDATION (ACCR) DONATION (OPTIONAL) - Note: Minimum donation amount : € 5.00\*

If my application is accepted, I would like to contribute Amount\* (Euros)  to the Chaîne Foundation (ACCR).

Type of Payment  Credit Card  Cash  Cheque  Bank Transfer Invoice Required  Yes  No

Select card type  Card N°

Expiry Month  Year  Security Code

*\*The ACCR badge will be sent for donations of € 50.00 and above*

I confirm that the information provided is correct and agree to fully adhere to the International By-Laws and the rules and regulations of the Chaîne des Rôtisseurs, without reservation.

By submitting this application, I accept to comply with the rules and conditions of membership\*  Yes  No

Date\* Day  Month  Year

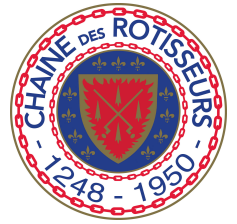
First Name\*  Last Name\*

# ADMISSION FORM

## PROFESSIONAL MEMBER

Chaîne des Rôtisseurs  
Association Mondiale de la Gastronomie

International Headquarters  
7, rue d'Aumale - 75009 - Paris - France  
Email: admission@chaîne-des-rotisseurs.net  
Tel: +33 1 42 81 30 12 Fax: +33 1 40 16 81 85



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*\*These sections/fields must be completed*

### TO BE COMPLETED BY THE MEMBER OR SPONSOR

#### SPONSORSHIP\*

Sponsors:

1.	Last Name	<input type="text"/>	First Name	<input type="text"/>
	Grade	<input type="text"/>	National Bailliage	<input type="text"/>
2.	Last Name	<input type="text"/>	First Name	<input type="text"/>
	Grade	<input type="text"/>	National Bailliage	<input type="text"/>

### TO BE COMPLETED BY THE BAILLIAGE

#### PROPOSED MEMBER GRADE /RANK & LOCAL (REGIONAL) BAILLIAGE\*

Grade	<input type="text"/>
Local (Regional) Bailliage	<input type="text"/>

#### APPROVAL & VALIDATION\*

##### Bailli Délégué

Name	<input type="text"/>	First Name	<input type="text"/>
National Bailliage	<input type="text"/>	Signature Code	<input type="text"/>

*Communicated by the International Headquarters*

#### SENT TO INTERNATIONAL HEADQUARTERS (Paris)

Date			
Day	<input type="text"/>	Month	<input type="text"/>
Year	<input type="text"/>		

#### FEES PAYMENT TO NATIONAL BAILLIAGE\*

Type of Payment	<input type="radio"/> Credit Card	<input type="radio"/> Cash	<input type="radio"/> Cheque	<input type="radio"/> Bank Transfer	Currency	<input type="text"/>	Amount	<input type="text"/>
Select card type	<input type="text"/>		Card N°	<input type="text"/>				
Expiry	Month	<input type="text"/>	Year	<input type="text"/>	Security Code	<input type="text"/>		

#### OTHER INFORMATION/ COMMENTS