

ADMISSION FORM

NON-PROFESSIONAL MEMBER

Chaîne des Rôtisseurs
Association Mondiale de la Gastronomie

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



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TO BE COMPLETED BY THE MEMBER

**These sections/ fields must be completed*

PERSONAL INFORMATION*

COUNTRY (National Bailliage) NATIONALITY

LAST NAME TITLE

FIRST & MIDDLE NAMES (max. 2)

PASSWORD

DATE OF BIRTH

GENDER

Day Month Year

☐ Female ☐ Male

Required for Member Log-in

- Minimum 6 characters

- If using alpha characters (from a-z), only use lowercase

- Passwords can be alpha-numeric (numbers+alphabet)

IS YOUR SPOUSE /PARTNER A CHAÎNE MEMBER? ☐ Yes ☐ No

If 'Yes', complete these details :

Last Name

First Name

PROFESSIONAL INFORMATION

Professional Status

Business Sector

Position (Occupation/Profession)

HOME ADDRESS*

N° + Street/Avenue (etc.)

City/Suburb Post (Zip) Code

State/Province Country

Tel N° Fax N°

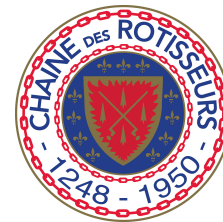
Mobile N° Email

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BUSINESS ADDRESS

COMPANY NAME

N°+ Street/Avenue (etc.)

City/Suburb

Post (Zip) Code

State/ Province

Country

Tel N°

Fax N°

Mobile N°

Email

Website

Preferred POSTAL address* (select one only) :

☐ HOME

☐ BUSINESS

Preferred EMAIL address* (select one only) :

☐ HOME

☐ BUSINESS

AVAILABLE TO MEET MEMBERS?

(Registration: Chaîne Social Network) ☐ Yes

☐ No

Languages Spoken*

(Select at least 1)

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*

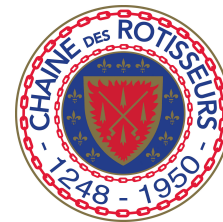
Last Name*

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TO BE COMPLETED BY THE MEMBER OR SPONSOR

SPONSORSHIP*

Sponsors:

1.	Last Name	Crocker	First Name	Jake
	Grade	Bailli	National Bailliage	United States of America
2.	Last Name	Crocker	First Name	Chantel
	Grade	Professional du Vin	National Bailliage	United States of America

TO BE COMPLETED BY THE BAILLIAGE

PROPOSED MEMBER GRADE /RANK*

Grade

PROVINCIAL and/or LOCAL (REGIONAL) BAILLIAGE (if applicable)*

Provincial Bailliage

Local (Regional) Bailliage

APPROVAL & VALIDATION*

Bailli Délégué

Last Name		First Name	
National Bailliage		Signature Code	

Communicated by the International Headquarters

SENT TO INTERNATIONAL HEADQUARTERS (Paris)

Date
Day Month Year

FEES PAYMENT TO NATIONAL BAILLIAGE*

Type of Payment ☐ Credit Card ☐ Cash ☐ Cheque ☐ Bank Transfer Currency Amount

Select card type Card N°

Expiry Month Year Security Code

OTHER INFORMATION/ COMMENTS

PRINT

EMAIL