

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 Non-Professional

Page 1

COUNTRY:

Last Name:

First & Middle Names:

Date of Birth: / /
 (Day) (Month) (Year)

Citizenship:

Marital Status:

Meet & Greet Members: No/Yes (Please circle one)

Gender: Male Female

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:

Website:

Profession:

Business Sector:

Position (Occupation Profession):

Business Address:

Street Address:

City:

State:

Zip Code:

Country:

Use this mailing address Use this email

Work Phone:

Work Fax:

Work Email:

Mobile: (Optional)

Your Spouse/Partner

Chaîne Member No/Yes (Please circle one)

Last Name:

First & Middle Names:

Sponsors (Chaîne Members)

First:

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, and abide and respect them both in principle and in spirit.

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

Signature: _____

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COUNTRY:

Last Name:
First & Middle Names:

Membership in other Gastronomy Associations or Clubs?

STAMP	Previous Chaîne member? No/Yes (Please circle one) If yes, which Bailliage? (Specify): Country: Region: Chapter: I require a ribbon: No/Yes (Please circle one)
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BAILLI APPROVAL

Proposed Title for Member:

BAILLI APPROVAL & COMMENTS:

Bailliage of:
Tel No.:
Email:

Name of Bailli:
Fax No:
Mobile No.:

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

Signature: _____

Financial Situation

Amount Paid:
Date of Payment:

Cheque No:
Bank:

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