

# 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

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### 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):

Type of Business:

### 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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Professional**

**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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**Establishment Classification**

Hotel (without restaurant)  
Number of Rooms:  
Classification (Hotel/\*)

Restaurant & Hotel/with Restaurant  
Cuisine Type:

Hotel (with restaurant)  
Number of Rooms:  
Number of Covers:  
Classification (\*)

Viticulture:  
(Specify)

Restaurant  
Number of Covers:

**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)