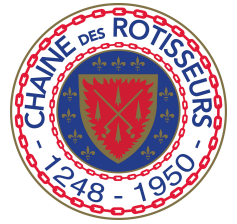


ADMISSION FORM

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
		<i>- Minimum 6 characters</i>	
		<i>- If using alpha characters (from a-z), only use lowercase</i>	
		<i>- Passwords can be alpha-numeric (numbers + alphabet)</i>	

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

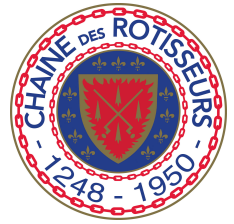
Preferred **EMAIL address*** (select one only) :

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

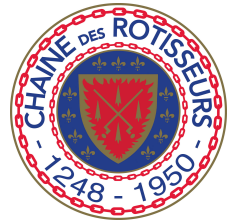
First Name* Last Name*

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



Page 3 of 3

**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*

Grade

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

Provincial Bailliage

Local (Regional) Bailliage

APPROVAL & VALIDATION*

Bailli Délégué

Last 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 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