

# ADMISSION FORM

## NON-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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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                 |                            | GENDER                    |                                                         |
| Day <input type="text"/>      | Month <input type="text"/> | Year <input type="text"/> | <input type="radio"/> Female <input type="radio"/> 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 CHAINE MEMBER?  Yes  No

If 'Yes', complete these details :

|            |                      |
|------------|----------------------|
| Last Name  | <input type="text"/> |
| First Name | <input type="text"/> |

### PROFESSIONAL INFORMATION

|                                  |                      |
|----------------------------------|----------------------|
| Professional Status              | <input type="text"/> |
| Business Sector                  | <input type="text"/> |
| Position (Occupation/Profession) | <input type="text"/> |

### HOME ADDRESS\*

|                           |                      |                 |                      |
|---------------------------|----------------------|-----------------|----------------------|
| N° + Street/Avenue (etc.) | <input type="text"/> |                 |                      |
| <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"/> |

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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 | <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