

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

FEE 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