

MEMBERSHIP APPLICATION

AMERICAN CULINARY FEDERATION, INC.
"The Authority on Food in America"

ACF/CHEFS DE CUISINE ASSOCIATION OF CALIFORNIA, INC. Los Angeles Chapter
<Founded in 1923>
11664 National blvd. #410
Los Angeles, CA 90064

Office: (818) 559-5218 Fax: (310) 310.477.9330 E-mail: office@acfla.org Web Site: www.acfla.org
CHAPTER NUMBER: CA013 Date of Application: ___/___/___
Last Name: _____ First Name: _____ MI: _____ Date of Birth: ___/___/___
Address: _____ SSN: <optional> ___/___/___
City: _____ State: ___ ZIP: _____ Home: (___) _____
Work: (___) _____
Applicant Signature: _____ E-mail: _____

MEMBERSHIP IN ACF AND CCAC: <Certification, Competitions, Culinary Review Magazine, Life Insurance, Nation & Chapter voting, etc.>

[] **ACTIVE:** (Cook/Chef) **\$205.00** [] **JUNIOR:** (Student/Apprentice/Industry less than one year.) **\$85.00**
[] **ASSOCIATE:** (Purveyor/Vendor) **\$280.00** [] **ALLIED:** (Dietitian/Food and Beverage Dir., etc.) **\$250.00**
PLUS
\$20.00 INITIATION FEE <Renewals billed through National Office:ACF-Florida>

OR: CHAPTER ONLY

MEMBERSHIP IN CCAC (Chefs de Cuisine Association) ONLY: <Local networking, Newsletter, Seminars, Local Events. >

[] **ACTIVE:** (Cook/Chef) **\$100.00** [] **JUNIOR:** (Student/ Industry less than one year) **\$30.00**
[] **ASSOCIATE:** (Purveyor, etc.) **\$150.00** [] **ALLIED:** (Diet./F&B, etc.) **\$120.00**
[] **DUEL/SOCIAL:** **\$50.00**
NO INITIATION FEES <Renewals billed through local CCAC office.>

Send Application and CHECK OR MONEY ORDER (NO CREDIT CARDS) to above address for TOTAL FEES NOTED.

For assistance with your application, additional information regarding the American Culinary Federation, the Chefs de Cuisine Association of California, Certification, etc., please call or e-mail the numbers listed above.

Print name of Sponsor: _____ Membership #: _____ Sponsor Signature: _____

This form and dues/fees structure replaces all previous forms and is valid September 1, 2005 through August 21, 2006

APPLICANT INFORMATION

ACTIVE MEMBER APPLICANT: (or attach Personal Resume)

ACF CERTIFICATION: _____

EMPLOYMENT:

Present:

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ From: _____ To: _____

Business Phone: _____ Contact Person: _____

Past:

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ From: _____ To: _____

Business Phone: _____ Contact Person: _____

Past:

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ From: _____ To: _____

Business Phone: _____ Contact Person: _____

Training/Apprenticeship at: _____

From: _____ To: _____ Certificate or Degree: _____

Culinary Specialties: _____

JUNIOR MEMBER APPLICANT: (or attach resume)

School / College: _____

Address: _____

Started training: _____ Will / have Completed Training: _____

Goal: _____

Present Instructor: _____ Business Phone: _____

You may also fill out "Active" if desired.)

ASSOCIATE MEMBER APPLICANT:

Name: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Business Phone: _____

Please send information regarding Newsletter advertising and other support areas. (yes) (later)

ALLIED MEMBER APPLICANT:

Name: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Special Culinary Interests for application: _____

I WOULD LIKE TO VOLUNTEER TO ASSIST ON THE FOLLOWING COMMITTEE (S) :

- | | |
|---|--|
| <input type="checkbox"/> TRUSTEE COMMITTEE | <input type="checkbox"/> JUNIOR MEMBERSHIP COMMITTEE |
| <input type="checkbox"/> PUBLIC RELATIONS COMMITTEE | <input type="checkbox"/> SPECIAL EVENT COMMITTEE |
| <input type="checkbox"/> MONTHLY EVENT COMMITTEE | <input type="checkbox"/> MEMBERSHIP COMMITTEE |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> NEWSLETTER |