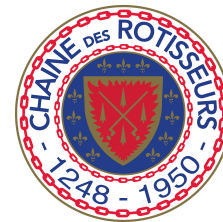


## ADMISSION FORM

## NON-PROFESSIONAL MEMBER

Chaîne des Rôtisseurs  
Association Mondiale de la Gastronomie

International Headquarters  
7, rue d'Aumale - 75009 - Paris - France  
Email: [admission@chaine-des-rotisseurs.net](mailto:admission@chaine-des-rotisseurs.net)  
Tel: +33 1 42 81 30 12 Fax: +33 1 40 16 81 85



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	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 CHAÎNE 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\*

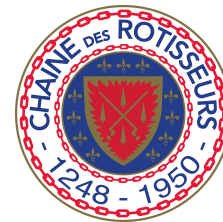
N° + Street/Avenue (etc.)	<input type="text"/>		
<input type="text"/>			
City/Suburb	<input type="text"/>	Post (Zip) Code	<input type="text"/>
State/Province	<input type="text"/>	Country	<input type="text"/>
Tel N°	<input type="text"/>	Fax N°	<input type="text"/>
Mobile N°	<input type="text"/>	Email	<input type="text"/>

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International Headquarters  
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Page 2 of 3

TO BE COMPLETED BY THE MEMBER

***\*These sections/fields must be completed***

### BUSINESS ADDRESS

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"/>

**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)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### 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\*

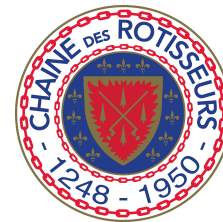
Last Name\*

# ADMISSION FORM

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*\*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