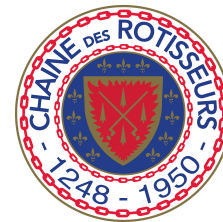


ADMISSION FORM

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 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"/>	- Minimum 6 characters	
Year <input type="text"/>		- If using alpha characters (from a-z), only use lowercase	
		- Passwords can be alpha-numeric (numbers + alphabet)	
GENDER			
<input type="radio"/> Female	<input type="radio"/> Male		

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

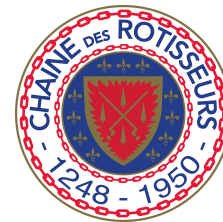
☐ BUSINESS

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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*

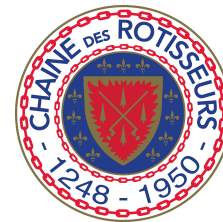
Last Name*

ADMISSION FORM

PROFESSIONAL MEMBER

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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