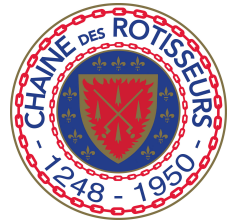


PROMOTION FORM

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
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*

MEMBER N° (last 5 digits)

COUNTRY (National Bailliage)

NATIONALITY

LAST NAME

TITLE

FIRST & MIDDLE NAMES (max. 2)

PASSWORD

DATE OF BIRTH

GENDER

Day Month Year

☐ Female ☐ 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

First Name

PROFESSIONAL INFORMATION

Professional Status

Business Sector

Position (Occupation/Profession)

HOME ADDRESS*

N° + Street/Avenue (etc.)

City/Suburb

Post (Zip) Code

State/Province

Country

Tel N°

Fax N°

Mobile N°

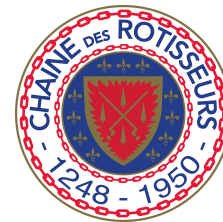
Email

PROMOTION FORM

NON-PROFESSIONAL MEMBER

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Association Mondiale de la Gastronomie

International Headquarters
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Tel: +33 1 42 81 30 12 Fax: +33 1 40 16 81 85



Page 2 of 3

TO BE COMPLETED BY THE MEMBER

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

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*

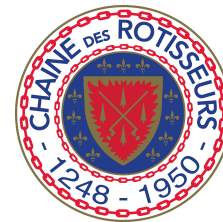
Last Name*

PROMOTION FORM

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Page 3 of 3

**These sections/fields must be completed*

TO BE COMPLETED BY THE BAILLIAGE

PROMOTION*

PRESENT MEMBER GRADE /RANK

Grade

PROPOSED MEMBER GRADE /RANK

Grade

PROVINCIAL and/or LOCAL (REGIONAL) BAILLIAGE (if applicable)*

Provincial Bailliage

Local (Regional) Bailliage

Comments

TO BE COMPLETED BY THE BAILLIAGE

APPROVAL & VALIDATION*

Bailli Délégué

Last Name

First Name

National Bailliage

Signature Code

*Communicated by the International
Headquarter s*

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