



Membership Type (check one):



Société Mondiale Membership (check box)



☐ Chaîne Membership

☐ Spouse of Chaîne Member (*Chaîne member name*): _____

☐ Working Professional Membership

☐ Spouse of Professional Member (*Professional member name*): _____

☐ Ecuyer Membership (*under 35 on Jan. 1 of current year*)

☐ Young Professional Membership (*under 35 on Jan. 1 of current year*)

☐ Full-Time Culinary Art Instructor Membership (*must be fully accredited Culinary Institute and Professor in the Kitchen*)

☐ Rôtisseur Membership (*Registered Full-Time Culinary Student*)

☐ Military Membership

☐ Reinstatement of Membership (*last active year/Bailliage*): _____

☐ International Transfer? ☐ Yes ☐ No Country: _____

☐ Promotion
Old Title: _____ New Title: _____

Is new Ribbon Required? ☐ Yes ☐ No

Personal Information (check one box where correspondence should be sent):

Full Name: _____ / _____
First Last

Date of Birth (*required*): _____ / _____ / _____ Citizenship: _____
Month Day Year

Languages Spoken: _____ Gender* ☐ M ☐ F

☐ Home Address ☐ Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone (*required*): _____ E-Mail (*required*): _____

Is your Spouse a Chaîne Member? ☐ Yes ☐ No Name of Spouse: _____

Business Name** (*if applicable*): _____

☐ Business Address: _____

Position: _____

Type of Business (*hotel, restaurant, viticulture, etc.*): _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ E-Mail: _____

Website: _____

*For Rank Classification Only **If applying for a Professional Membership, business information must be completed.



Chaîne des Rôtisseurs
1 Gatehall Drive, Suite P013
Parsippany, NJ 07054
P: 973.360.9200 | F: 973.360.9330
E: chaîne@chaîneus.org

I, the undersigned, hereby declare that I will adhere strictly without reservation to all the Statutes and Rules of the Society and will undertake to respect them in spirit as well as in letter. I also grant permission and hold harmless the organization to use my likeness in photographs in its publications and all other media without compensation. I understand that all Applications are subject to approval prior to acceptance into the Society.

Applicant Full Name (Print): _____ / _____
First Last

Signature: _____ Date: _____ / _____ / _____
Month Day Year

Sponsors (Two Chaîne Members required):

Primary Sponsor: _____ Signature _____

Secondary Sponsor: _____ Signature _____

Bailli Approval:

Bailli Full Name: _____ / _____
First Last

Bailliage: _____

Signature _____ Date: _____ / _____ / _____
Month Day Year

Financial:

Check # _____ Bank: _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration: _____ / _____ CVV: _____ Billing Zip Code: _____
Month Year

Amount Paid: _____ Date of Payment: _____ / _____ / _____
Month Day Year

USA Member #: _____ Order # _____