

# PROPERTY MEMBERSHIP APPLICATION



## AMERICAN CULINARY FEDERATION, INC.

180 Center Place Way, St. Augustine, FL 32095  
(800) 624-9458 · (904) 824-4468 · FAX: (904) 825-4758  
E-mail: membership@acfcchefs.net · Web: www.acfcchefs.org

A property membership through the American Culinary Federation allows employees to join ACF at a discounted rate as an active member through their employer.

Property members can be **national members** (no geographic bounds as an option for those members who travel or cannot attend meetings) or **local chapter members**. Membership in a local chapter is an excellent way to network with professionals in the community, meet local vendors and gain access to educational programs and materials. To find the nearest chapter or determine the additional local chapter fee, call the Membership Office at (800) 624-9458.

		<b>Local Chapter Fee</b> (if applicable)
8-30 members	\$155 each/year	_____
31-100 members	\$140 each/year	_____
101 or more members	\$130 each/year	_____

**Please list the members to be enrolled in the property membership on the contact information sheet attached to this application. Please provide contact information for each property member and their years of professional cooking experience.**

### PLEASE COMPLETE FOLLOWING INFORMATION FOR THE PROPERTY

Property Contact Name: \_\_\_\_\_

Property \_\_\_\_\_

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Membership Total: *Please check the appropriate box*  8-30 members  31-100 members  101 or more members

If a multi-unit establishment, how many units: \_\_\_\_\_

### Method of Payment (Membership is processed upon receipt of dues)

Check/M.O.  Visa  MasterCard  Amex  Discover  Request for Invoice

Account number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address if different from above: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Signature: \_\_\_\_\_

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First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Professional Years of Experience: \_\_\_\_\_ Current ACF Memer: \_\_\_\_\_

Would like to join:  National Membership  Local Chapter *Chapter Name:* \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Professional Years of Experience: \_\_\_\_\_ Current ACF Memer: \_\_\_\_\_

Would like to join:  National Membership  Local Chapter *Chapter Name:* \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Professional Years of Experience: \_\_\_\_\_ Current ACF Memer: \_\_\_\_\_

Would like to join:  National Membership  Local Chapter *Chapter Name:* \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Professional Years of Experience: \_\_\_\_\_ Current ACF Memer: \_\_\_\_\_

Would like to join:  National Membership  Local Chapter *Chapter Name:* \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Professional Years of Experience: \_\_\_\_\_ Current ACF Memer: \_\_\_\_\_

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Professional Years of Experience: \_\_\_\_\_ Current ACF Memer: \_\_\_\_\_

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