Application for Associate Membership

Date _____

Name _____ _____
Last First Initial

Address (Home) _____

_____

(Work) _____

_____

Phone (Home) _____ (Work) _____

(Fax) _____ E-Mail) _____

(Web Site) _____

Present Employer _____

Job Title _____

Job Description _____

An applicant must have a less than three (3) consecutive years of professional experience in the culinary field, or be retired after ten (10) years of service in the field. List previous employers, dates of employment, addresses and telephone numbers of employers for a minimum of the past three years if you are currently active in the field, or for ten years of service in the field if you are currently retired. Please use the back of this form if needed.

	Employer	Position Held	Dates of Employment
1.			
2.			
3.			
4.			

Would you like to assist in: ( ) Programs ( ) Publicity/Public Relations ( ) Fund-Raising ( ) Membership ( ) other, please specify

Please mail this application with a check for $35.00 payable to The Culinary Guild of New England for the annual Associates Member fee, to: Stephanie Shulman, 1007 Hemenway Street Extension, Marlborough, MA, 01752. Membership dues will be semi-annually pro-rated after February 1st.

_____

Applicant's Signature

For Office Use ONLY

Date Received_____ Amount of Check_____ Check Number_____Date Entered_____ 0801

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