

Application for
Corporate Membership



Date _____

Company Name _____

Address _____

Phone _____ Fax _____

Web Page _____ E-mail _____

Referred by _____

Primary Member _____

Second Member _____ E-mail _____

Third Member _____ E-mail _____

Please provide a brief description of your company products and services.

Please mail this application with a check for \$250.00 payable to The Culinary Guild of New England for the annual Corporate Member fee, to: Stephanie Shulman, 1007 Hemenway Street Extension, Marlborough, MA, 01752.

Membership dues will be semi-annually pro-rated after February 1st.

Primary Member's Signature _____

For Office Use ONLY

Date Received _____ Amount of Check _____ Check Number _____ Date Entered _____ 0801