

Application for
Friend of the Guild



Date _____

Name _____
Last First Initial

Address (Home) _____

(Work) _____

Phone (Home) _____ (Work) _____

(Fax) _____ (E-Mail/Web Site) _____

Present Employer _____

Job Title _____

Job Description _____

To be eligible for Friend of the Guild membership, an applicant does not need any culinary experience. Benefits include members' prices to all Guild events and a subscription to the NE Culinary Calendar and News & Events, the CGNE newsletter, published together every other month.

Would you like to assist in: Programs Publicity/Public Relations Fund-Raising
 Membership Culinary Calendar other ... please specify

Please mail this application with a check for \$50.00 for the annual Friend of the Guild fee payable to The Culinary Guild of New England to: Stephanie Shulman, 1007 Hemenway Street Extension, Marlborough, MA, 01752.

Applicant's Signature _____

For Office Use ONLY
Date Received _____ Amount of Check _____ Check Number _____ Date Entered _____ 0801