

Date _____

Name _____

Address Home _____

Work _____

Phone Home _____ Work _____ Cell _____

Email Address _____ Birthday _____

Website _____ Twitter Handle _____

Present Employer _____ Job Title _____

Signature _____

Please indicate if you would like to be included in our “Members Only” e-Directory

☐ **YES** – Please include me in the Member e-Directory

☐ **NO** – Please do not include me in the Member e-Directory

1. Please choose the area(s) in which you would like to be involved within the Guild:

☐ Programs ☐ Publicity/PR ☐ Fundraising ☐ Membership ☐ Writing/Photography

☐ Other (Please specify): _____

2. Are you or have you ever been a professional in a food-related industry (e.g. restaurant, retail, food writer, caterer, etc.)?

☐ No

☐ Yes (if in the past, please specify)

3. What is your food-related passion?

Pro-rated Membership March 1 – Aug. 31, 2014

Please select the appropriate box:

☐ Full Member - \$45

☐ Junior Member (age 30 or younger) - \$25

☐ Senior Member (age 65 or older) - \$25

Please mail this completed application, along with your dues payment, to:

The Culinary Guild of New England

c/o Lisa Primavera

11 Joal Avenue

Walpole, MA 02081

Dues are in effect through August 31, 2014

Questions? Email us: culinaryguild@gmail.com