



2026-27/ 14 month Membership Appl. Form

Date: _____ Name: _____

Home address: street, city & zip _____

Preferred Phone: _____ Secondary phone: _____

Email address(es) _____ Birthday (mo/day) _____

Job Title _____ Employer _____

Other information to include in our directory (website, twitter handle, etc.) _____

The Culinary Guild publishes a "members only" e-directory. We list all the information above unless you only want your name & email listed. For networking purposes, it is helpful to have some contact info.

PLEASE LIST ALL _____ PLEASE LIST ONLY MY NAME & EMAIL/PHONE _____

How did you hear about the Culinary Guild? _____

Signature _____

1) What types of culinary events would interest you? _____

2) This optional response will help us better understand our membership and design programs that interest our members. It will be in our database but not part of the online directory.

2a) If you are not a professional in the culinary world, please share your culinary interests and/or your food related passions.

2b) If you have been a professional in the culinary world - either past or present- please share your experience, skills, and culinary interests, including any awards, recognition and other culinary organization affiliations.

3) Would you like to be involved with our Culinary committees? Please circle your area(s) of interest:

* Programs

*Marketing/Publicity/Social Media

*Membership/Outreach

* Education/Demos

* Board position

* Other: *Please describe:*

Special 14-month membership rate: \$95. July 1, 2026 – Aug. 31, 2027

Please mail this completed application along with your \$95 payment to:

The Culinary Guild of New England
c/o Corinne Meyer
364 Jerusalem Road
Cohasset, MA 02025

Questions? Email us at membershipcgne@gmail.com