

PROPERTY MEMBERSHIP APPLICATION



AMERICAN CULINARY FEDERATION, INC.

180 Center Place Way
St. Augustine, FL 32095
(800) 624-9458 (904) 824-4468 FAX: (904) 825-4758
E-mail: memberservices@acfcchefs.net Web: www.acfcchefs.org

A property membership through the American Culinary Federation allows employees to join ACF at a discounted rate as an active member through their employer. Benefits include certification discounts, reduced fees at regional and national conventions and complimentary subscriptions for several monthly publications.

Property members now have the opportunity to join a local ACF chapter or the National chapter. Membership in a local chapter is an excellent way to network with professionals in the area, meet local vendors and gain access to educational programs and materials. If time is limited, the National chapter might be a better fit. ACF established a National chapter without geographic bounds as an option for those members who travel or cannot attend meetings. To find the nearest local chapter visit the ACF Web site, www.acfcchefs.org/mbrship/appinfo.html, or call the Membership Development office at (800) 624-9458.

Dues will be based on total number of memberships within the property, with additional discounting for two consecutive years' membership. There is an additional fee if an employee elects to join a local chapter. For a fee schedule for a specific chapter, please call the Membership Development office. Applications are accepted once per year for any single property.

4-10 members	\$100 each/year	\$90 each/year for two years
11-30 members	\$90 each/year	\$80 each/year for two years
31-50 members	\$75 each/year	\$70 each/year for two years

Please list the members to be enrolled in the property membership on the contact information sheet attached to this application. Please provide contact information for each property member and their years of professional cooking experience.

PLEASE PRINT THE FOLLOWING INFORMATION

First Name: _____ MI: _____ Last Name: _____

Property Name: _____

Property Address: _____

City: _____ State _____ Zip _____ Country _____

Phone: _____ Email: _____

Membership Total: *Please check the appropriate box* 4-10 members 11-30 members 31-50 members

If a multiunit establishment, how many units: _____

Method of Payment (Membership is processed upon receipt of dues)

Check/M.O. Visa Discover MC American Express Request for Invoice

Credit card number: _____ Expiration Date: _____

Billing address if different from above: _____

Card holder name: _____

Signature: _____

Property Membership Contact Information Sheet

First Name: _____ MI: _____ Last Name _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Professional years of experience: _____ Current ACF Member: _____
Would like to join: National Chapter Local Chapter (*Chapter Name*) _____

First Name: _____ MI: _____ Last Name _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Professional years of experience: _____ Current ACF Member: _____
Would like to join: National Chapter Local Chapter (*Chapter Name*) _____

First Name: _____ MI: _____ Last Name _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Professional years of experience: _____ Current ACF Member: _____
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