

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: membership@acfcchefs.net • Web: www.acfcchefs.org

Membership in a local ACF chapter is an excellent way to network with professionals in your area, meet local vendors and gain access to educational programs and materials. To find the local chapter nearest you and the appropriate membership fees, visit the ACF Web site, www.acfcchefs.org/chapters, or call Member Development Office at our toll-free number, (800) 624-9458.

ACF established a National Membership, without geographic bounds, as an option for those members who travel or cannot attend meetings. The ACF National Membership fee structure may also be found on the ACF Web site or by calling the Member Development Office.

For your convenience, you may complete the entire membership application online at www.acfcchefs.org by clicking on Membership.

PLEASE PRINT THE FOLLOWING INFORMATION

First Name: _____ MI: _____ Last Name: _____
 Work Title: _____ Company/Employer: _____
 Company Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Work Phone: _____ Mobile: _____ Fax: _____
 Work E-mail: _____ Website: <http://> _____
 Home Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Home Phone: _____ Mobile: _____ Fax: _____
Home E-mail: _____

**Your email address is very important! Stay in the know by providing your current e-mail address.
 We'll send you important ACF announcements and opportunities.**

Name of Chapter and/or Chapter ID: _____
 (To find your local chapter and membership fees, please visit the ACF website at www.acfcchefs.org/chapters)
 Please let us know how you heard about the American Culinary Federation: _____

Membership Category	(Choose One)	Fees
<input type="checkbox"/> Professional Culinarian	Culinarian with least three (3) years full-time employment in culinary profession	\$ _____
<input type="checkbox"/> Culinarian	Culinarian not involved in the management or supervision of staff, minimum six (6) months full-time employment	\$ _____
<input type="checkbox"/> Student Culinarian	Student or apprentice currently in culinary field and less than two (2) years work experience	\$ _____
<input type="checkbox"/> Junior Culinarian	High School student between 16-18 years of age	\$ _____
<input type="checkbox"/> Associate	A representative of a group, company or corporation providing products and services to the culinary profession	\$ _____
<input type="checkbox"/> Allied	A individual employed in a field related to the culinary profession (Dietitian, Nutritionist, Restaurant Manager/Owner, etc.)	\$ _____

Method of Payment (Membership is processed when dues are paid in full)
 Check/M.O. Visa Discover MC American Express
 Credit card number: _____ Expiration Date: _____
 Billing address if different from above: _____
 Cardholder name: _____ Signature: _____ Date: _____
 Optional: Name of Sponsor: _____

Please take a moment to complete the demographic questionnaire listed on the reverse side.

ACF Member Demographic Survey

We would like to learn more about you to better meet your needs. By providing us with the information below, we can make informed decisions about educational programming and benefits that may appeal to you. Won't you please take a moment to help us get to know you?

Mark only one selection from each group.

Date of Birth _____

*required for ACF life insurance

Gender

- Male
 Female

Type of Establishment

- Air / Cruise / Rail
 Bakery
 Bed & Breakfast
 Catering
 Conference Center
 Consulting
 Correctional Institution
 Country Club
 Distributor
 Executive Dining
 Fast Food / Supermarket
 Govt. Facility / Armed Forces
 Hospital / Healthcare
 Hotel / Inn
 Manufacturer Corporate HQ
 Multi-unit Corporate HQ
 Personal Chef / Private Chef
 Residential Community
 Resort
 Restaurant, Independent
 Restaurant, Multi-unit
 Sales / Marketing
 School-Other
 School-Postsecondary / Private
 School-Postsecondary / Public
 School-Secondary / Private
 School-Secondary / Public
 Theme / Sports Park
 Other



Type of Restaurant

- Fine Dining
 Casual Dining

Current Position

- Apprentice
 Baker
 Banquet Manager
 Bar Manager
 Broker / Sales Representative
 Catering Director
 Consultant
 Cook
 Dietitian
 Educator
 Executive Chef
 Food / Beverage Manager
 General Manager
 Inspector
 Kitchen Manager
 Owner
 Pastry Chef
 Personal Chef
 Private Chef
 Research Chef
 Restaurant Manager
 Retired
 Sous Chef
 Student
 Unemployed
 Wine Steward / Sommelier
 Other

Highest Education Completed

- High School / GED
 Culinary Certificate Program
 Associate's Degree
 Bachelor's Degree
 Master's Degree
 Doctorate
 None
 Other

Your Culinary Training

- Apprenticeship Program
 Certificate Program
 High School Culinary Program
 Military
 On-the-job
 Other College or University
 Private Culinary College
 Public Culinary College
 None
 Other

Your Purchasing Role

- Directly Responsible
 Influence Decisions
 None

I Perform This Role For The Following Products

(Check all that apply)

- Beverage
 Equipment
 Food
 Tabletop
 Apparel
 None

Annual Revenue / Sales Volume

- Under \$200K
 \$200K - \$299K
 \$300K - \$499K
 \$500K - \$1M
 \$1M - \$5M
 Over \$5M
 Don't Know

Annual Food Purchase Volume

- Under \$50,000
 \$50K - \$150K
 \$150K - \$300K
 \$300K - \$1.5M
 Over \$1.5M
 Don't Know

Please fax this form to:

Fax: (904) 825-4758

or mail to:

American Culinary Federation
180 Center Place Way
St. Augustine, FL 32095

If you need assistance, please let us know.
Our toll-free number is (800) 624-9458 or
visit our Web site at: www.acfchefs.org

Member Information

Name: _____ Member ID: _____

Home Address: Please make this my primary address

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Home email: _____

Employment Address: Please make this my primary address

Employer: _____ Position/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Work phone: _____ Work email: _____

Work Web site: _____