

— American Culinary Federation —  
**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@acfchefs.net](mailto:memberservices@acfchefs.net) · Web: [www.acfchefs.org](http://www.acfchefs.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 ACF 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.acfchefs.org](http://www.acfchefs.org), or call the Membership Development office at (800) 624-9458.

The membership commitment will be based on total number of memberships within the property. 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 at (800) 624-9458. Applications are accepted once per year for any single property.

6-10 members	\$130 each/year
11-30 members	\$115 each/year
31 or more members	\$95 each/year

**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 COMPLETE FOLLOWING INFORMATION FOR THE PROPERTY**

Property Contact Name: \_\_\_\_\_

Property Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Membership Total: *Please check the appropriate box*  6-10 members  11-30 members  31 or more members

If a multi-unit establishment, how many units: \_\_\_\_\_

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

Check/M.O.  Visa  MasterCard  Amex  Discover  Request for Invoice

Account number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address if different from above: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Signature: \_\_\_\_\_

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**PROPERTY MEMBERSHIP CONTACT INFORMATION SHEET**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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: \_\_\_\_\_ E-mail: \_\_\_\_\_

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: \_\_\_\_\_ E-mail: \_\_\_\_\_

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: \_\_\_\_\_ E-mail: \_\_\_\_\_

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: \_\_\_\_\_ E-mail: \_\_\_\_\_

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: \_\_\_\_\_ E-mail: \_\_\_\_\_

Professional years of experience: \_\_\_\_\_ Current ACF Member: \_\_\_\_\_

Would like to join:  National Chapter  Local Chapter (*Chapter Name*) \_\_\_\_\_