

PROPERTY MEMBERSHIP APPLICATION



AMERICAN CULINARY FEDERATION, INC.

180 Center Place Way, St. Augustine, FL 32095
(800) 624-9458 · (904) 824-4468 · FAX: (904) 940-0741

ONE LIAISON, ONE EASY APPLICATION, ONE SIMPLE PAYMENT

Your national dues are discounted based on the number of culinary members within the property:

Questions? Need local dues rates? Contact the Membership Development office at (800) 624-9458 ext. 504 or email membership@acfchefs.net

		Local Chapter Fee (if applicable)
6-30 members	\$159 each/year	_____
31-100 members	\$144 each/year	_____
101 or more members	\$133 each/year	_____

When you opt to enroll staff in a local chapter, they can get involved in community events, mentoring and more.

Please list the members to be enrolled in the property membership. Please provide contact information and years of professional cooking experience for each property member.

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* 6-30 members 31-100 members 101 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: _____

Submit all member information on reverse, adding additional sheets if necessary. You may also submit your list as a Word or Excel file.

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First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Professional Years of Experience: _____ Current ACF Member: _____

Would like to join: National Membership 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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First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Professional Years of Experience: _____ Current ACF Member: _____

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