

# Senior Membership Application



American Culinary Federation  
The Standard of Excellence for Chefs

**A Senior Member shall be a person at least 65 years of age, retired from employment and who shall have been an ACF Professional Culinarian member for a minimum of ten consecutive years at the time of retirement. Senior Professional Culinarians shall retain the rights and privileges of the membership category from which they retired, including the right (if any) to vote for national officers and at-large directors. Senior Professional Culinarians cannot hold elected national office.**

**American Culinary Federation**  
180 Center Place Way  
St. Augustine, FL 32095  
(800) 624-9458  
Fax: (904) 940-0742  
www.acfchefs.org

Please complete application, attach documentation and email to [membership@acfchefs.net](mailto:membership@acfchefs.net) or mail this form and payment to the address above.

## Personal Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ ACF #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

## Please verify Senior Membership status and attach appropriate documentation.

Age 65 (copy of a driver's license, birth certificate or other official documentation providing applicant's age)

## Payment Information

\$56.00 (The ACF membership department will contact you if you belong to a local chapter that charges an additional fee for Senior Members.)

I have enclosed a check made payable to the American Culinary Federation (ACF).

Please bill my:    Visa        MasterCard        Amex        Discover

Account Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Amount: \_\_\_\_\_

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

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

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

ACF Bylaws approved July 2016  
Effective January 2017