



ATTN: Membership
180 Center Place Way
St Augustine, FL 32095-8859
Fax: 904-825-4758

Return by: Mail or Fax

CHAPTER OFFICERS – Student Chapter

TERM OF OFFICE: Date from: _____ Date to: _____

CHAPTER NAME / ID: _____

PRESIDENT: _____ MEMBER # _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: Office () _____ Home () _____
Fax () _____ E-mail _____

VICE PRESIDENT: _____ MEMBER # _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: Office () _____ Home () _____
Fax () _____ E-mail _____

TREASURER: _____ MEMBER # _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: Office () _____ Home () _____
Fax () _____ E-mail _____

SECRETARY: _____ MEMBER # _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: Office () _____ Home () _____
Fax () _____ E-mail _____

MEMBERSHIP CHAIR: _____ MEMBER # _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: Office () _____ Home () _____
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CERTIFICATION ADVISOR: _____ MEMBER # _____
ADDRESS: _____
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ADDRESS: _____
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TELEPHONE: Office () _____ Home () _____
Fax () _____ E-mail _____

CULINARY SHOW CHAIR: _____ MEMBER # _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: Office () _____ Home () _____
Fax () _____ E-mail _____

CHEF & CHILD FOUNDATION: _____ MEMBER # _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: Office () _____ Home () _____
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OTHER OFFICER: _____ MEMBER # _____
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