

American Culinary Federation  
**Membership Application**



American Culinary Federation, Inc.  
180 Center Place Way  
St. Augustine, FL 32095  
(800) 624-9458 ▪ (904) 824-4468 ▪ Fax: (904) 940-0741  
E-mail: membership@acfcchefs.net ▪ Web: www.acfcchefs.org

**CHAPTER SELECTION**

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 website, [www.acfcchefs.org/chapters](http://www.acfcchefs.org/chapters), or call our Membership Department 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 website or by calling the Membership Office at (800) 624-9458.

For your convenience, you may complete the entire membership application online at [www.acfcchefs.org](http://www.acfcchefs.org) by clicking on Membership.

**Name of Chapter and/or Chapter ID:** CA063 - Chefs de Cuisine Association of San Diego

(To find your local chapter and membership fees, please visit the ACF website at [www.acfcchefs.org/chapters](http://www.acfcchefs.org/chapters))

**Please let us know how you heard about the American Culinary Federation:** \_\_\_\_\_

**PLEASE PRINT THE FOLLOWING INFORMATION**

Preferred address:  Work  Home

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.**

| <b>MEMBERSHIP CATEGORY</b> (choose one)          | <b>(fees shown current as of 10/16/2021)</b>   | <b>FEES</b>      |
|--|--|------------------|
| <input type="checkbox"/> Professional Culinarian | Culinarian with at least three (3) years full-time employment in the culinary profession                                       | \$ <u>235.00</u> |
| <input type="checkbox"/> Culinarian              | Culinarian not involved in the management or supervision of staff, minimum six (6) months full-time employment                 | \$ <u>121.00</u> |
| <input type="checkbox"/> Student Culinarian      | Student or apprentice currently in the culinary field and less than two (2) years work experience                              | \$ <u>94.00</u>  |
| <input type="checkbox"/> Junior Culinarian       | High School student between 16-18 years of age.  | \$ <u>55.00</u>  |
| <input type="checkbox"/> Associate               | A representative of a group, company or corporation providing products and services to the culinary profession                 | \$ <u>312.00</u> |
| <input type="checkbox"/> Allied                  | An individual employed in a field related to the culinary profession (Dietitian, Nutritionist, Restaurant Manager/Owner, etc.) | \$ <u>230.00</u> |

**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: \_\_\_\_\_

Name of Referring Member (optional): \_\_\_\_\_