

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, 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 by clicking on Membership.

Name of Chapter and/or Chapter ID: FL021 - ACF Central Florida Chapter

(To find your local chapter and membership fees, please visit the ACF website at 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.

MEMBERSHIP CATEGORY (choose one)	(fees shown current as of 9/18/2019)	FEES
<input type="checkbox"/> Professional Culinarian	Culinarian with at least three (3) years full-time employment in the culinary profession	\$ <u>210.00</u>
<input type="checkbox"/> Culinarian	Culinarian not involved in the management or supervision of staff, minimum six (6) months full-time employment	\$ <u>113.00</u>
<input type="checkbox"/> Student Culinarian	Student or apprentice currently in the culinary field and less than two (2) years work experience	\$ <u>87.00</u>
<input type="checkbox"/> Junior Culinarian	High School student between 16-18 years of age.	\$ <u>71.00</u>
<input type="checkbox"/> Associate	A representative of a group, company or corporation providing products and services to the culinary profession	\$ <u>296.00</u>
<input type="checkbox"/> Allied	An individual employed in a field related to the culinary profession (Dietitian, Nutritionist, Restaurant Manager/Owner, etc.)	\$ <u>225.00</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): _____