



American Culinary Federation

Property Membership Application

American Culinary Federation, Inc. • Attention: Membership • 180 Center Place Way • St. Augustine, FL 32095 • Toll-free: (800) 624-9458 • www.acfchefs.org

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	\$163 each/year	_____
31-100 members	\$148 each/year	_____
101 or more members	\$136 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.

Once completed email to membership@acfchefs.net or mail this form and payment to the address above.

Property Information

Property Name: _____

Contact Name: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Membership Total: 6-30 members 31-100 members 101 or more members

Payment Information

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

Please bill my: Visa MasterCard Amex Discover

Request for Invoice

Credit Card Number: _____ Exp Date: _____ CSC #: _____ Amount: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Name on Account: _____ Signature: _____

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

First Name: _____ MI: ____ Last Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Previous ACF Member: Yes No

Would like to join: Local Chapter _____ National Membership

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Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____ Previous ACF Member: Yes No
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