ATTN: Membership  
180 Center Place Way  
St Augustine, FL, 32095-8859  
Fax: 904.940.0741  
acf@acfchsfs.net  
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 (    )____________
Fax (     ) ____________________ E-mail _____________________

CERTIFICATION ADVISOR: ___________ MEMBER # ________
ADDRESS: _____________________________________
CITY:__________________ STATE:________ZIP CODE: ________
TELEPHONE: Office (       )____________ Home (    )____________
Fax (     ) ____________________ E-mail _____________________

APPRENTICESHIP CHAIR: ______________________ MEMBER # ________
ADDRESS: _____________________________________
CITY:__________________ STATE:________ZIP CODE: ________
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 (    )____________
Fax (     ) ____________________ E-mail _____________________

OTHER OFFICER: _________________________ MEMBER # ________
ADDRESS: _____________________________________
CITY:__________________ STATE:________ZIP CODE: ________
TELEPHONE: Office (       )____________ Home (    )____________
Fax (     ) ____________________ E-mail _____________________