

MEMBERSHIP APPLICATION



AMERICAN CULINARY FEDERATION, INC.

180 Center Place Way, St. Augustine, FL 32095
 (800) 624-9458 • (904) 824-4468 • FAX: (904) 825-4758
 E-mail: membership@acfcchefs.net • Web: www.acfcchefs.org

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 Web site, www.acfcchefs.org/chapters, or call Member Development Office at our toll-free number, (800) 624-9458.

ACF established a National Chapter, without geographic bounds, as an option for those members who travel or cannot attend meetings. The ACF National Chapter membership fee structure may also be found on the ACF Web site or by calling the Member Development Office.

For your convenience, you may complete the entire membership application online at www.acfcchefs.org by clicking on Membership.

PLEASE PRINT THE FOLLOWING INFORMATION

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: _____

Name of Chapter and/or Chapter ID: _____

(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: _____

Membership Category	(Choose One)	Fees
<input type="checkbox"/> Professional Culinarian	Culinarian with least three (3) years full-time employment in culinary profession	\$ _____
<input type="checkbox"/> Culinarian	Culinarian not involved in the management or supervision of staff, minimum six (6) months full-time employment	\$ _____
<input type="checkbox"/> Student Culinarian	Student or apprentice currently in culinary field and less than two (2) years work experience	\$ _____
<input type="checkbox"/> Junior Culinarian	High School student between 16-18 years of age	\$ _____
<input type="checkbox"/> Associate	A representative of a group, company or corporation providing products and services to the culinary profession	\$ _____
<input type="checkbox"/> Allied	A individual employed in a field related to the culinary profession (Dietitian, Nutritionist, Restaurant Manager/Owner, etc.)	\$ _____

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: _____
 Optional: Name of Sponsor: _____

Please take a moment to complete the demographic questionnaire listed on the reverse side.

ACF Member Demographic Survey

We would like to learn more about you to better meet your needs. By providing us with the information below, we can make informed decisions about educational programming and benefits that may appeal to you. Won't you please take a moment to help us get to know you?

Mark only one selection from each group.

Date of Birth _____
*required for ACF life insurance

Gender

- Male
- Female

Type of Establishment

- Air / Cruise / Rail
- Bakery
- Bed & Breakfast
- Catering
- Conference Center
- Consulting
- Correctional Institution
- Country Club
- Distributor
- Executive Dining
- Fast Food / Supermarket
- Govt. Facility / Armed Forces
- Hospital / Healthcare
- Hotel / Inn
- Manufacturer Corporate HQ
- Multi-unit Corporate HQ
- Personal Chef / Private Chef
- Residential Community
- Resort
- Restaurant, Independent
- Restaurant, Multi-unit
- Sales / Marketing
- School-Other
- School-Postsecondary / Private
- School-Postsecondary / Public
- School-Secondary / Private
- School-Secondary / Public
- Theme / Sports Park
- Other



Type of Restaurant

- Fine Dining
- Casual Dining

Current Position

- Apprentice
- Baker
- Banquet Manager
- Bar Manager
- Broker / Sales Representative
- Catering Director
- Consultant
- Cook
- Dietitian
- Educator
- Executive Chef
- Food / Beverage Manager
- General Manager
- Inspector
- Kitchen Manager
- Owner
- Pastry Chef
- Personal Chef
- Private Chef
- Research Chef
- Restaurant Manager
- Retired
- Sous Chef
- Student
- Unemployed
- Wine Steward / Sommelier
- Other

Highest Education Completed

- High School / GED
- Culinary Certificate Program
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctorate
- None
- Other

Your Culinary Training

- Apprenticeship Program
- Certificate Program
- High School Culinary Program
- Military
- On-the-job
- Other College or University
- Private Culinary College
- Public Culinary College
- None
- Other

Your Purchasing Role

- Directly Responsible
- Influence Decisions
- None

I Perform This Role For The Following Products

(Check all that apply)

- Beverage
- Equipment
- Food
- Tabletop
- Apparel
- None

Annual Revenue / Sales Volume

- Under \$200K
- \$200K - \$299K
- \$300K - \$499K
- \$500K - \$1M
- \$1M - \$5M
- Over \$5M
- Don't Know

Annual Food Purchase Volume

- Under \$50,000
- \$50K - \$150K
- \$150K - \$300K
- \$300K - \$1.5M
- Over \$1.5M
- Don't Know

Please fax this form to:

Fax: (904) 825-4758

or mail to:

American Culinary Federation
180 Center Place Way
St. Augustine, FL 32095

If you need assistance, please let us know. Our toll-free number is (800) 624-9458 or visit our Web site at: www.acfchefs.org

Member Information

Name: _____ Member ID: _____

Home Address: Please make this my primary address

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Home email: _____

Employment Address: Please make this my primary address

Employer: _____ Position/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Work phone: _____ Work email: _____

Work Web site: _____