

PROMOTION FORM

NON-PROFESSIONAL MEMBER

Chaîne des Rôtisseurs
Association Mondiale de la Gastronomie

International Headquarters
7, rue d'Aumale - 75009 - Paris - France
Email: admission@chaîne-des-rotisseurs.net
Tel: +33 1 42 81 30 12 Fax: +33 1 40 16 81 85

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TO BE COMPLETED BY THE MEMBER

**These sections/ fields must be completed*

PERSONAL INFORMATION*

MEMBER N° (last 5 digits)

COUNTRY (National Bailliage)

NATIONALITY

LAST NAME

TITLE

FIRST & MIDDLE NAMES (max. 2)

PASSWORD

DATE OF BIRTH

GENDER

Day Month Year

Female Male

Required for Member Log-in

- Minimum 6 characters

- If using alpha characters (from a-z), only use lowercase

- Passwords can be alpha-numeric (numbers+alphabet)

IS YOUR SPOUSE /PARTNER A CHAINE MEMBER?

Yes No

If 'Yes', complete these details :

Last Name

First Name

PROFESSIONAL INFORMATION

Professional Status

Business Sector

Position (Occupation/Profession)

HOME ADDRESS*

N° + Street/Avenue (etc.)

City/Suburb

Post (Zip) Code

State/Province

Country

Tel N°

Fax N°

Mobile N°

Email

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BUSINESS ADDRESS

COMPANY NAME

N°+ Street/Avenue (etc.)

City/Suburb Post (Zip) Code

State/ Province Country

Tel N° Fax N° Mobile N°

Email Website

Preferred POSTAL address* (select one only) :

HOME

BUSINESS

Preferred EMAIL address* (select one only) :

HOME

BUSINESS

AVAILABLE TO MEET MEMBERS?

(Registration: Chaîne Social Network) Yes

No

Languages Spoken*

(Select at least 1)

CHAINE FOUNDATION (ACCR) DONATION (OPTIONAL) - Note: Minimum donation amount : € 5.00*

If my application is accepted, I would like to contribute Amount* (Euros) to the Chaîne Foundation (ACCR).

Type of Payment Credit Card Cash Cheque Bank Transfer Invoice Required Yes No

Select card type

Card N°

Expiry Month

Year

Security Code

**The ACCR badge will be sent for donations of € 50.00 and above*

I confirm that the information provided is correct and agree to fully adhere to the International By-Laws and the rules and regulations of the Chaîne des Rôtisseurs, without reservation.

By submitting this application, I accept to comply with the rules and conditions of membership* Yes No

Date*

Day

Month

Year

First Name*

Last Name*

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TO BE COMPLETED BY THE BAILLIAGE

PROMOTION*

PRESENT MEMBER GRADE /RANK Grade

PROPOSED MEMBER GRADE /RANK Grade

PROVINCIAL and/or LOCAL (REGIONAL) BAILLIAGE (if applicable)*

Provincial Bailliage

Local (Regional) Bailliage

Comments

TO BE COMPLETED BY THE BAILLIAGE

APPROVAL & VALIDATION*

Bailli Délégué

Last Name First Name

National Bailliage Signature Code

*Communicated by the International
Headquarter s*

SENT TO INTERNATIONAL HEADQUARTERS (Paris)

Date

Day Month Year

FEES PAYMENT TO NATIONAL BAILLIAGE*

Type of Payment Credit Card Cash Cheque Bank Transfer Currency Amount

Select card type Card N°

Expiry Month Year Security Code

OTHER INFORMATION/ COMMENTS