

PROMOTION FORM

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

PROFESSIONAL MEMBER

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TO BE COMPLETED BY THE MEMBER

****These sections/fields must be completed***

PERSONAL INFORMATION*

MEMBER N° (last 5 digits)	<input type="text"/>	COUNTRY (National Bailliage)	<input type="text"/>	TITLE	<input type="text"/>
LAST NAME	<input type="text"/>			NATIONALITY	<input type="text"/>
FIRST & MIDDLE NAMES (max. 2)	<input type="text"/>			PASSWORD	<input type="text"/>
DATE OF BIRTH		GENDER		<i>Required for Member Log-in</i>	
Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>	<input type="radio"/> Female <input type="radio"/> Male	<i>- Minimum 6 characters</i>	
				<i>- If using alpha characters (from a-z), only use lowercase</i>	
				<i>- Passwords can be alpha-numeric (numbers + alphabet)</i>	

PROFESSIONAL INFORMATION*

Position (Occupation)	<input type="text"/>	Professional Status	<input type="text"/>
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BUSINESS ADDRESS*

NOTE : NO P.O. BOXES for PROFESSIONAL/HOTEL, RESTAURANT & VITICULTURE ESTABLISHMENTS)

ESTABLISHMENT (Company) NAME	<input type="text"/>		
N°+ Street/Avenue (etc.)	<input type="text"/>		
	<input type="text"/>		
City/Suburb	<input type="text"/>	Post (Zip) Code	<input type="text"/>
State/Province	<input type="text"/>	Country	<input type="text"/>
Tel N°	<input type="text"/>	Fax N°	<input type="text"/>
		Mobile N°	<input type="text"/>
Email	<input type="text"/>	Website	<input type="text"/>

HOME ADDRESS

N° + Street/Avenue (etc.)	<input type="text"/>		
	<input type="text"/>		
City/Suburb	<input type="text"/>	Post (Zip) Code	<input type="text"/>
State/ Province	<input type="text"/>	Country	<input type="text"/>
Mobile N°	<input type="text"/>	Email	<input type="text"/>
Tel N°	<input type="text"/>	Fax N°	<input type="text"/>

Preferred POSTAL address* (select one only) :

HOME

BUSINESS

Preferred EMAIL address* (select one only) :

HOME

BUSINESS

PROMOTION FORM

PROFESSIONAL MEMBER

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TO BE COMPLETED BY THE MEMBER

****These sections/fields must be completed***

ESTABLISHMENT INFORMATION*

NOTE : THIS INFORMATION MUST BE COMPLETED FOR THE ONLINE PROFESSIONAL DIRECTORY & IS A MANDATORY CRITERIA FOR MAÎTRE AND ABOVE MEMBERS TO RECEIVE THE CHAÎNE PLAQUE

Establishment Type

Number of Stars (Hotel)

Number of Rooms (Hotel)

Cuisine Type ('Restaurant' or 'Hotel with Restaurant') [Select at least one type]

Number of Covers
(Restaurant capacity/seats)

Contemporary

Traditional

International

French

Italian

Asian

Benefits offered to members?

Yes

No

Benefits Offered

Will you display the Chaîne plaque?

Yes

No

Will you display the Ordre Mondial des Gourmets Dégustateurs plaque?

Yes

No

Credit Cards Accepted?
(Select at least one)

American Express

VISA

MasterCard

Diners Club

JCB

None

Additional Information

(not addressed above that you wish to communicate to members and for other establishment types)

Languages Spoken

(Select at least 1)

IS YOUR SPOUSE /PARTNER A CHAÎNE MEMBER?

Yes

No

If 'Yes', complete these details :

Last Name

First Name

CHAÎNE 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

APPROVAL & VALIDATION*

Bailli Délégué

Last Name

First Name

National Bailliage

Signature Code

*Communicated by the
International Headquarters*

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