

## ADMISSION FORM

## NON-PROFESSIONAL MEMBER

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\*

COUNTRY (National Bailliage)	<input type="text"/>	NATIONALITY	<input type="text"/>
LAST NAME	<input type="text"/>	TITLE	<input type="text"/>
FIRST & MIDDLE NAMES (max. 2)	<input type="text"/>	PASSWORD	<input type="text"/>
DATE OF BIRTH		GENDER	
Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>	<input type="radio"/> Female <input type="radio"/> 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	<input type="text"/>
First Name	<input type="text"/>

### PROFESSIONAL INFORMATION

Professional Status	<input type="text"/>
Business Sector	<input type="text"/>
Position (Occupation/Profession)	<input type="text"/>

### HOME ADDRESS\*

N° + Street/Avenue (etc.)	<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"/>

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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)

### 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 MEMBER OR SPONSOR

#### SPONSORSHIP\*

Sponsors:

1.	Last Name	<input type="text"/>	First Name	<input type="text"/>
	Grade	<input type="text"/>	National Bailliage	<input type="text"/>
2.	Last Name	<input type="text"/>	First Name	<input type="text"/>
	Grade	<input type="text"/>	National Bailliage	<input type="text"/>

### TO BE COMPLETED BY THE BAILLIAGE

#### PROPOSED MEMBER GRADE /RANK\*

Grade

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

Provincial Bailliage

Local (Regional) Bailliage

#### 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