

## PROMOTION 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

Page 1 of 3

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

## PROMOTION 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

Page 2 of 3

TO BE COMPLETED BY THE MEMBER

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

### 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\*

## 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

Page 3 of 3

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

### 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