

# 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](mailto:membership@acfcchefs.net) • Web: [www.acfcchefs.org](http://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](http://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](http://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](http://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

## 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: \_\_\_\_\_

## 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.  
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visit our Web site at: [www.acfchefs.org](http://www.acfchefs.org)