

Confrérie de la Chaîne des Rôtisseurs

National Administrative Office
Chaîne House at Fairleigh Dickinson University
285 Madison Avenue
Madison, NJ 07940-1099
Tel: 973.360.9200
Fax: 973.360.9330
Email: chaine@chaineus.org



**Reinstatement Form
Professional**

COUNTRY:

Last Name:

First & Middle Names:

Date of Birth:

Gender: Male Female

Marital Status: Citizenship:

Languages Spoken:

Home Address

Street Address:

City:

State:

Zip Code:

Country:

Use this mailing address Use this email

Home Phone:

Home Fax:

Mobile:

Home Email:

Business Name:

Profession:

Position (Occupation Profession):

Type of Business:

Website:

Business Address

Street Address:

City:

State:

Zip Code:

Country:

Use this mailing address Use this email

Work Phone:

Work Fax:

Mobile:

Work Email:

Name of Your Spouse/Partner:

Chaîne Member: Yes/No

Sponsors (Chaîne Members)

Primary:

Signature: _____

Second:

Signature: _____

I, the undersigned, confirm that all the information provided is correct, and agree to fully adhere, without reservation, to the National By-Laws, rules and regulations of the Chaîne des Rôtisseurs, and abide and respect them both in principle and in spirit.

Date:

Signature: _____

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**Reinstatement Form
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COUNTRY:

Last Name:

First & Middle Names:

Membership in other Gastronomy Associations or Clubs?

2018 Annual National Dues (Please contact local chap-ter for information regarding local dues)

Professional Member \$250
Spouse of Professional Member \$125

Previous Chaîne member?

If yes, which Bailliage?:

Last Active Year:

Country:

I require a new ribbon: (yes or no)

Establishment Classification

Hotel (with restaurant)

Number of Rooms:

Number of Covers:

Classification:

Restaurant

Number of Covers:

Hotel (without restaurant)

Number of Rooms:

Classification:

Viticulture (Specify)

For Restaurant & Hotel with Restaurant
Cuisine Type:

Chaîne Rank of Member:

BAILLI APPROVAL & COMMENTS:

Bailliage of:

Name of Bailli:

Signature: _____

Date:

Financial Situation

Amount Paid:

Date of Payment:

Name on Credit Card:

Credit Card #:

Expires:

CVV: