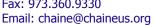
## **Confrérie de la Chaîne des Rôtisseurs**

National Administrative Office

Chaîne House at Fairleigh Dickinson University

285 Madison Avenue Madison, NJ 07940-1099 Tel: 973.360.9200

Fax: 973.360.9330





## **Reinstatement Form Professional**

Page 1

				_
COUNTRY:				
Last Name:			Gender: Male	Female
First & Middle Names:			Marital Status:	Citizenship:
Date of Birth:			Languages Spoken:	
200 0. 2. 0. 0.				
Home Address			Use this mailing address	Use this email
			Home Phone:	OSE triis erriali
Street Address:			Home Fax:	
City:	State:	Zip Code:	Mobile:	
-		p	Home Email:	
Country:			Tiorne Linaii.	
<b>Business Name</b> :				
Profession:			Type of Business:	
Position (Occupation Profession):			Website:	
<b>Business Address</b>			Use this mailing address	Use this email
Street Address:			Work Phone:	
			Work Fax:	
City:	State:	Zip Code:	Mobile:	
Country:			Work Email:	
Name of Your Spouse/Partner:			Chaîne Member: Yes/No	
Sponsors (Chaîne Members)				
Primary:		Signature:		
Second:		Signature:		
I, the undersigned, confirm the National By-Laws, rules a and in spirit.				
Date:	Sic	Signature:		

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## Reinstatement Form Professional

Fax: 973.360.9200 Fax: 973.360.9330 Email: chaine@chaineus.org

Page 2 **COUNTRY: Last Name:** First & Middle Names: Membership in other Gastronomy Associations or Clubs? **Previous Chaîne member?** 2018 Annual National Dues (Please contact local chap-ter for information regarding local dues) If yes, which Bailliage?: Professional Member \$250 Last Active Year: Spouse of Professional Member \$125 Country: I require a new ribbon: (yes or no) **Establishment Classification** Hotel (with restaurant) Hotel (without restaurant) Number of Rooms: Number of Rooms: Classification: Number of Covers: Classification: Viticulture (Specify) Restaurant Number of Covers: For Restaurant & Hotel with Restaurant Cuisine Type: Chaîne Rank of Member: **BAILLI APPROVAL & COMMENTS:** Name of Bailli: Bailliage of: Signature: \_\_\_\_\_ Date: **Financial Situation** Name on Credit Card: Amount Paid: Credit Card #: Date of Payment: CVV: Expires: