



APPLICATION FOR ASSOCIATE OR LOCAL MEMBERSHIP

Name of Company

No., Street, City, Prov, Postal Code

Phone #

Fax #

Website

Email

1. _____
Representative

2. _____
Representative

Which one of the following best describes your company's affiliation within the foodservice sector (please check all that apply).

Restaurant/Foodservice Operation Distributor Food Broker Manufacturer Importer Wholesale

Fresh Frozen Dry Goods Equipment Service Technical I.T.

Other (Please state) _____

Rates:

Restaurant (with an employee as a CCFCC/CulinaryGuild member) \$50.00/year

Other Operation \$175.00/year

Local Membership \$100.00/year

Please remit payment to: The Culinary Guild of Windsor, P.O. Box# 1111, Stn."A", Windsor, ON, N9A 6K7

For office use only.

Date application received. _____
Initials

Date dues received _____
Amount _____
Method (Cash/Cheque) _____
Initials

Member number _____
Date Assigned _____
Initials

Certificate issued _____
Date _____
Initials