APPLICATION FOR ASSOCIATE MEMBERSHIP

_____
Name of Company

_____
No., Street, City, Prov, Postal Code

_____ _____
Phone # Fax #

_____ _____
Website Email

1._____ 2._____
Representative 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/Culinary Guild member) $50.00/year

Other Operation $125.00/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