

ADMISSION FORM

NON-PROFESSIONAL MEMBER

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TO BE COMPLETED BY THE MEMBER

**These sections/ fields must be completed*

PERSONAL INFORMATION*

| | | | |
|-------------------------------|----------------------------|---------------------------|---|
| COUNTRY (National Bailliage)* | | NATIONALITY* | |
| <input type="text"/> | | <input type="text"/> | |
| LAST NAME* | <input type="text"/> | | |
| FIRST & MIDDLE NAMES (max. 2) | <input type="text"/> | TITLE | <input type="text"/> |
| | | | <input type="text"/> |
| DATE OF BIRTH* | GENDER | | <i>Required for Member Log-in</i> - Minimum 6 characters - If using alpha characters (from a-z), only use lowercase |
| Day <input type="text"/> | Month <input type="text"/> | Year <input type="text"/> | |

IS YOUR SPOUSE /PARTNER A CHAINE MEMBER? Yes No

If 'Yes', complete these details :

| | |
|------------|----------------------|
| Last Name | <input type="text"/> |
| First Name | <input type="text"/> |

PROFESSIONAL INFORMATION*

| | |
|----------------------------------|----------------------|
| Professional Status | <input type="text"/> |
| Business Sector | <input type="text"/> |
| Position (Occupation/Profession) | <input type="text"/> |

HOME ADDRESS*

| | | | |
|---------------------------|----------------------|----------------------|----------------------|
| N° + Street/Avenue (etc.) | | <input type="text"/> | |
| <input type="text"/> | | | |
| City/Suburb | <input type="text"/> | Post (Zip) Code | <input type="text"/> |
| State/Province | <input type="text"/> | Country | <input type="text"/> |
| Tel N° | <input type="text"/> | Fax N° | <input type="text"/> |
| Mobile N° | <input type="text"/> | Email | <input type="text"/> |

ADMISSION FORM

NON-PROFESSIONAL MEMBER

International Headquarters
7, rue d'Aumale - 75009 - Paris - France
Email: admission@chaine-des-rotisseurs.net
Tel: +33 1 42 81 30 12 Fax: +33 1 40 16 81 85

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TO BE COMPLETED BY THE MEMBER

**These sections/fields must be completed*

BUSINESS ADDRESS

COMPANY NAME

N°+ Street/Avenue (etc.)

City/Suburb Post (Zip) Code

State/ Province Country

Tel N° Fax N° Mobile N°

Email Website

Preferred POSTAL address* (select one only) :

HOME

BUSINESS

Preferred EMAIL address* (select one only) :

HOME

BUSINESS

AVAILABLE TO MEET MEMBERS?

(Registration: Chaîne Social Network) Yes

No

Languages Spoken*

CHAINE FOUNDATION (ACCR) DONATION (OPTIONAL) - Note: Minimum donation amount : € 5.00*

If my application is accepted, I would like to contribute Amount* (Euros) to the Chaîne Foundation (ACCR).

Type of Payment Credit Card Cash Cheque Bank Transfer Invoice Required Yes No

Select card type

Card N°

Expiry Month Year

Security Code

**The ACCR badge will be sent for donations of*

I confirm that the information provided is correct and agree to fully adhere to the International By-Laws and the rules and regulations of the Chaîne des Rôtisseurs, without reservation.

By submitting this application, I accept to comply with the rules and conditions of membership* Yes

No

Date*

Day Month Year

First Name*

Last Name*

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TO BE COMPLETED BY THE MEMBER OR SPONSOR

SPONSORSHIP*

Sponsors:

| | | | | |
|----|-----------|----------------------|--------------------|----------------------|
| 1. | Last Name | <input type="text"/> | First Name | <input type="text"/> |
| | Grade | <input type="text"/> | National Bailliage | <input type="text"/> |
| 2. | Last Name | <input type="text"/> | First Name | <input type="text"/> |
| | Grade | <input type="text"/> | National Bailliage | <input type="text"/> |

TO BE COMPLETED BY THE BAILLIAGE

PROPOSED MEMBER GRADE /RANK*

Grade

PROVINCIAL and/or LOCAL (REGIONAL) BAILLIAGE (if applicable)*

Provincial Bailliage

Local (Regional) Bailliage

APPROVAL & VALIDATION*

Bailli Délégué

Last Name First Name

National Bailliage Signature Code

*Communicated by the International
Headquarters*

SENT TO INTERNATIONAL HEADQUARTERS (Paris)

Date
Day Month Year

FEES PAYMENT TO NATIONAL BAILLIAGE*

Type of Payment Cash Cheque Bank Transfer* Currency Amount

*Bank Transfer to: **Mr.Kwanchai Aswawongsonti Kasikornbank / Rama 3 Branch, Account Name: Mr.Kwanchai Aswawongsonti**

นายขวัญชัย อัสววงษ์สันติ Account Number: 0572874087, Swift Code: KASITHBK

If using bank transfer, please ensure your name appears in the optional reference field on the bank transfer slip. Please email bank payment slip to bailli@chaine-phuket.com.

OTHER INFORMATION/COMMENTS

PRINT

EMAIL