

ADMISSION FORM

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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"/>

BUSINESS ADDRESS

COMPANY NAME	<input type="text"/>		
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"/>	Website	<input type="text"/>

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***

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