



**PERSONAL INFORMATION\***

COUNTRY (NATIONAL BAILLIAGE  
must be the same as your  
country of residence )

NATIONALITY

LAST NAME

TITLE

FIRST & MIDDLE NAMES (max. 2)

PASSWORD

DATE OF BIRTH

GENDER

*Required for Member Log-in*

Day  Month  Year

Female  Male

*- Minimum 6 characters*

*- If using alpha characters (from a-z), only use lowercase*

*- Passwords can be alpha-numeric (numbers+alphabet)*

IS YOUR SPOUSE /PARTNER A CHAINE MEMBER?

Yes  No

If 'Yes', complete these details :

Last Name

First Name

**PROFESSIONAL INFORMATION**

Professional Status

Business Sector

Position (Occupation/Profession)

**HOME ADDRESS\***

N° + Street/Avenue (etc.)

City/Suburb

Post (Zip) Code

State/Province

Country

Tel N°

Fax N°

Mobile N°

Email



**BUSINESS ADDRESS**

COMPANY (or ESTABLISHMENT) 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\*

(Select at least 1)

**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 € 50.00 and above*

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 BAILLIAGE**

**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  Credit Card  Cash  Cheque  Bank Transfer Currency  Amount

Select card type

Card N°

Expiry Month  Year

Security Code

**OTHER INFORMATION/  
COMMENTS**