

# THE EPICUREAN CLUB OF BOSTON

*America's Oldest Professional Chefs Organization Established in 1894*

*Local Chapter of the American Culinary Federation &*

*Members of the World Association of Chefs Society*

*APPLICATION for MEMBERSHIP (Please Print or Type) Additional Information (781) 231-1115*

Name, First		MI	Last	
Address		City	State	Zip Code
Telephone - Home		Telephone - Business	Ext.	Cell Phone
Fax Number		e-mail Address		
Date of Birth / /		Culinary School(s) Attended		
Years of Experience in the Culinary Profession:			Current ACF Certification Level:	
<b>Position Currently Employed As</b>			<b>Membership Level (choose one)</b>	
Executive Chef (1)	R & D Chef (1)	Industry Rep. (4)	Junior Culinarian (5) \$76	
Sous Chef (1)	Chef Instructor (1)	F.S. Company Rep. (4)	Student Culinarian (3) \$107	
Chef (1)	Cook/Baker (2)	Dietician (6)	Culinarian (2) \$153	
Pastry Chef (1)	Culinarian/Student (3)	F.S. Director (6)	Professional Culinarian (1) \$235	
H. S. Student (5)	Sales Manager (4)	Restaurant Manager (6)	Associate Member (4) \$495	
		Not in Profession (7)	Allied Member (6) \$260	
<b>PROFESSIONAL EXPERIENCE ( current first )</b>			Culinary Enthusiast (7) \$258	
<b>Employed By:</b>		<b>From</b>	<b>To</b>	<b>Yrs / Months</b>
<b>Business Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Professional Experience Continued</b>	<b>From</b>	<b>To</b>	<b>Yrs / Months</b>	<b>Position</b>
<p>I hereby submit my application for membership in the Epicurean Club of Boston and do pledge myself to obey all provisions laid down in the Constitution and Bylaws of the Epicurean Club of Boston and to accept the conditions of membership. That I will at all times and to the best of my ability exemplify the aims and objects of the club. I will conduct myself in such a manner as to maintain and preserve the honor and good name of the club. So help me God.</p>				
<b>X</b>		<b>X</b>		
Applicants Signature		Date		Sponsored by
<b>Please return with check to: Epicurean Club of Boston, 29 Johnson St., Saugus, MA 01906-1745</b>				
Approval of the Board of Directors		Place the appropriate dues amount in the box below		
		Membership Dues:		
		Processing Fee: <b>\$25.00</b>		
Signature of Board Chair	Date	Check #	Check Amount: \$	