



**Confrérie de la Chaîne des Rôtisseurs**

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**Admission Form  
Non-Professional**

**COUNTRY:**

Last Name:  
First & Middle Names:

Membership in other Gastronomy Associations or Clubs?

STAMP	Previous Chaîne member?    No/Yes (Please circle one)  If yes, which Bailliage? (Specify):  Country: Region: Chapter:  I require a ribbon:            No/Yes (Please circle one)
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**BAILLI APPROVAL**

Proposed Title for Member:

**BAILLI APPROVAL & COMMENTS:**

Bailliage of:  
Tel No.:  
Email:

Name of Bailli:  
Fax No:  
Mobile No.:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Day) (Month) (Year)

Signature: \_\_\_\_\_

**Financial Situation**

Amount Paid:  
Date of Payment:

Cheque No:  
Bank:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Day) (Month) (Year)