



APPLICATION FOR ACTIVE MEMBERSHIP IN THE
CHEFS ASSOCIATION OF THE PACIFIC COAST, INC.

182 Howard Street # 145 • San Francisco, CA 94105-1611

Office (415)371-1302 (leave a message)



I, _____ hereby apply for membership in the CHEFS ASSOCIATION OF THE PACIFIC COAST, INC. and if accepted, solemnly pledge myself to each and all provisions laid down in the By-Laws of the Association and to accept the conditions of membership imposed by the Chefs Association of the Pacific Coast. I further pledge that I will, at all times and to the best of my ability, exemplify the aims and objects of this Association and will conduct myself in such a manner as will maintain and preserve the honor and good name of the organization.

ACTIVE MEMBERS: Active Membership shall be open to those dedicated professional culinarians who in the judgment of the Board of Directors of the Chefs Association of the Pacific Coast, Inc. (CAPC) have met the requirements of the CAPC and the American Culinary Federation (ACF).

Date _____ ACF# _____ Signed _____

Birthdate: Month _____ Day _____ Year _____ Country _____

Citizen of _____

Present position _____ Where Employed _____

Home Address _____ City _____ Zip (plus 4) _____

Business Address _____ City _____ Zip (plus 4) _____

Home Phone_() _____ Business Phone_() _____ ext. _____

Email Address _____ Web Address _____

- TYPE OF BUSINESS**
- | | | | | |
|--|-------------------------------------|------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Hotel Caterer | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Steamship | <input type="checkbox"/> Air Lines | <input type="checkbox"/> School |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Club | <input type="checkbox"/> Railroad | <input type="checkbox"/> Industrial | <input type="checkbox"/> Other |

RESUME: Please include resume and photograph with application

Proposed by _____ Sponsor _____

Date approved by Board of Directors _____

President's Signature _____ Secretary's Signature _____

Date Initialed _____