



APPLICATION FOR ASSOCIATE 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.

ASSOCIATE MEMBER The owner of any firm or company and/or any manager or sales representative of said company engaged in a line of business related to the food service industry is eligible to become a member of this association.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip (plus 4) \_\_\_\_\_

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip (plus 4) \_\_\_\_\_

Home Phone\_(     ) \_\_\_\_\_ Business Phone\_(     ) \_\_\_\_\_ ext. \_\_\_\_\_

Email Address \_\_\_\_\_ Web Address \_\_\_\_\_

- Meats     Produce     Poultry     Groceries     Fish     Equipment     Other

PLEASE ATTACH YOUR BUSINESS CARD

Proposed by \_\_\_\_\_ Sponsor \_\_\_\_\_

Date approved by Board of Directors \_\_\_\_\_

President's Signature \_\_\_\_\_ Secretary's Signature \_\_\_\_\_

Date Initiated \_\_\_\_\_