



APPLICATION FOR JUNIOR 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.

Name _____ M F Birthdate: Month _____ Day _____ Year _____

Home Address _____ City _____ Zip (plus 4) _____

Home Phone () _____ Other Phone () _____ ext. _____

Email Address _____ Web Address _____

Registered Apprentice Student Part-time Full-time Other

Supervising Chef (on job) _____

Related Instruction taken at _____

Address _____ City _____

State _____ Zip (plus 4) _____ Phone () _____

Instructors _____

EDUCATIONAL BACKGROUND

School	Major	Year Graduated
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Proposed completion date _____ Application fee \$ _____

Applicant's signature _____

CAPC Active Member Sponsor (1) _____

(2) _____

Meeting attended _____

Application fee submitted _____ Date _____ \$ _____

Signature of person reviewing application _____

Board of Directors Decision: Accepted Rejected Date _____