



AMERICAN CULINARY FEDERATION

CLEVELAND CHAPTER, INC.

Organization of Professional Chefs and Cooks

Member: World Association of Cooks Society

P.O. Box 5124

Willowick, OH 44095

(216) 621-ACF1 (2231)

www.acfcleveland.com

Last Name:		First	Middle		Phone ()	
Home Address			City, State, Zip		Fax () e-mail	
Current Employer:			City/State/Zip		Wk Phone:()	
Address:					FAX()	
SEND MAIL TO: [] Home [] Work			Date of Birth / /		High School Graduate or Equivalent () Y () N	
Present Position		Certified Title		Name of College Years Attended		
Membership Levels	Active 3 or More Years Experience \$200	Junior More than 2, less than 3 years \$115	Junior Culinarian - Under 18 yrs. old / High School Student \$75	Apprentice Must be registered with Cleveland Program \$115	Associate Approved Food Purveyors \$250	Allied Other Food Service Industry \$200
PROFESSIONAL EXPERIENCE FOR THE PAST TEN YEARS (List most recent experience first)						
Employed By:	Address	Phone	From - To	Position	Supervisor	

Sponsored or Recommended by:

Phone:

Sponsor must be an ACF Member. Is Sponsor a Member of the Cleveland Chapter () Yes () No

I HEREBY CERTIFY THAT ALL ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT ALL STATEMENTS MADE HEREIN MAY BE INVESTIGATED AND VERIFIED IN THE COURSE OF CONSIDERING THIS APPLICATION. SHOULD I BECOME A MEMBER I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION CONTAINED HEREIN MAY BE THE BASIS FOR IMMEDIATE TERMINATION OF MEMBERSHIP. I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THEM FULLY.

APPLICANT'S SIGNATURE:

DATE:

THIS BLOCK TO BE FILLED IN BY BOARD OF DIRECTORS

Date of Review

Accepted () Rejected ()

President's Signature:

Membership Chairman's Signature

Will change to next membership level on date:

Will change to category:

ACFID Number:

NOTE: For a complete explanation of the requirements and current dues schedule contacts the office
ACF Cleveland Chapter (216) 621-2231 or a member of the Board of Directors.

Your check for membership dues MUST accompany your application in order to be considered for membership.
Checks should be payable to the **ACF CLEVELAND CHAPTER, INC.**

SEND APPLICATION AND CHECK TO:
ACF CLEVELAND CHAPTER
P.O. BOX 5124
WILLOWICK, OH 44095

