



"Share Your Knowledge"

The Guild of Baking and Pastry Arts

P.O.Box 267
Port Washington, NY 11050

Application for Membership

(Please print or type all information)

The New York Guild of Chefs, Inc. is a not-for-profit organization that does not discriminate against race, religion, creed, age or sexual orientation.

Last Name:		First Name:		Middle Initial:	
Street Address:				Apt. Number:	
City:		State:		Zip Code:	
Home Phone:		Business Phone:		E-Mail Address:	
Spouse's Name:		Date of Birth:		Male	Female
				Place of Birth:	
Education—Include Culinary Education:					
Name of School:		Address:		Graduation Date:	Diploma/Degree:
Employment History: (List employers for past 5 years; most recent employment first)					
Name of Establishment:		Address:		Position:	Years There:
Membership Category: Fellow Junior Associate		Recommendation: Approve Disapprove		Date of Action:	
Sponsor					
I sponsor the above applicant for membership:		I sponsor the above applicant for membership:			
Member's Signature:		Member's Signature:			
If sponsors are not available because of distance or lack of acquaintance to members, please list three professional references with addresses and telephone numbers or E-Mail addresses on the back.					
I hereby apply for membership as above indicated and hereby certify that the statements and information Submitted herewith is true. I pledge my professional knowledge and skills to the advancement of the Guild. I shall conscientiously endeavor to attend all meetings. I shall be fair, courteous and considerate in my contacts with my colleagues and employers, and shall foster a spirit of fraternal cooperation between all members of the New York Guild of Chefs, Inc.					
Signature of Applicant:				Date:	
Dues Paid: \$		Date Recv'd:			

Web Address: www.nyguildofchefs.org Email address: guildofbakingandpastryarts@yahoo.com