

# MEMBERSHIP APPLICATION



Name: \_\_\_\_\_  Mr.  Ms.  
Company: \_\_\_\_\_ Company Web Site: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

What is your current title? \_\_\_\_\_

What best describes your primary job function? \_\_\_\_\_

What are the primary areas of responsibility in your corporate position? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Overall menu development       | <input type="checkbox"/> Research and development                                     |
| <input type="checkbox"/> New recipe/product development | <input type="checkbox"/> Beverage development   |
| <input type="checkbox"/> Strategic direction of menu    | <input type="checkbox"/> Beverage purchasing  |
| <input type="checkbox"/> Food purchasing                | <input type="checkbox"/> Equipment purchasing   |
| <input type="checkbox"/> New restaurant openings        | <input type="checkbox"/> Staff supervision, if so what is the size of the staff _____ |
| <input type="checkbox"/> Culinary training              | <input type="checkbox"/> Quality assurance  |
| <input type="checkbox"/> Restaurant or kitchen design   | <input type="checkbox"/> Concept development  |
| <input type="checkbox"/> Executive leadership           | <input type="checkbox"/> Other _____  |

What is your educational background?

- High School
- Associate Degree
- Bachelor Degree
- Masters Degree
- Doctorate Degree
- Other \_\_\_\_\_

Do you have any formal Culinary Training?

- Apprenticeship
- Certificate program
- Military
- Post Secondary Culinary School

Are you certified? (if so explain)

\_\_\_\_\_  
\_\_\_\_\_

Name of the multi-unit operation? \_\_\_\_\_

Annual sales volume? \_\_\_\_\_

Average annual sales per unit? \_\_\_\_\_

Number of units? \_\_\_\_\_

Number of states your company operates in?

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Less than 10 | <input type="checkbox"/> 25 – 35    |
| <input type="checkbox"/> 10 – 25      | <input type="checkbox"/> 35 or more |

Annual corporate food purchase volume? \_\_\_\_\_

Do you recommend purchasing the following items (please indicate all that apply):

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Food      | <input type="checkbox"/> Tabletop    |
| <input type="checkbox"/> Beverage  | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> None        |



What benefits are you interested in receiving from this association?

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What type of programs or educational materials would you find interesting for your personal development?

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What type of educational materials would be beneficial for your staff?

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What information would you like to see on our Web site: (Please indicate all that apply.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Networking/Communication | <input type="checkbox"/> Purchasing Information        | <input type="checkbox"/> Industry News          |
| <input type="checkbox"/> Educational Programs     | <input type="checkbox"/> Recipe/Menu Ideas             | <input type="checkbox"/> Association Activities |
| <input type="checkbox"/> Research Information     | <input type="checkbox"/> Links to Food Education Sites | <input type="checkbox"/> Other _____            |

Please rate the following educational programs that you would be likely to attend at the annual conference: (Use numbers 1-5, with 1 for least important and 5 for most important)

- |                                 |   |
|---------------------------------|---|
| _____ Trends                    | _____ Health and nutrition                    |
| _____ Ethnic cuisines           | _____ Presentations by local chefs            |
| _____ Cooking skills            | _____ Tours of processing facilities or farms |
| _____ Research & development    | _____ Vertical tastings                       |
| _____ Menu engineering          | _____ Spice or herb presentations             |
| _____ Wine or beverage tastings | _____ Food safety/food security               |
|                                 | _____ Potential legislative changes           |

I agree to abide by the rules and conditions of membership in the International Corporate Chefs Association and that all of the information provided in this application is correct and accurate. I also agree to allow the ICCA to publish my e-mail, phone and address on the Web site.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Payments enclosed:

- ICCA 2015 - 2016 Annual Membership \$395.00\*
- ICCA 13th Annual Summit - June 14 - 17, 2015; Portland Maine Registration \$595.00\*\*
- Special 50 % Discount on Membership plus 2015 13th Annual Summit Registration ~~\$990.00~~ You pay only \$495.00\*\*\***

\* Dues are renewed on the anniversary of the receipt of your application and check \*\* Travel, lodging and miscellaneous expenses are not included

\*\*\* Board Approved 50 percent discount for first time members includes full membership, plus Registration for 2015 Summit. Travel, lodging and miscellaneous expenses are not included. Most meals are included. All checks must be received by May 25, 2015 to receive discount.