

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?

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

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

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 2020 Annual Membership \$395.00*
- ICCA 18th Annual Summit - June 13 - 16, 2020; New Orleans, LA Registration \$595.00**
- Special Limited Time Free 18th Annual Summit Registration plus Membership ~~\$990.00-~~
You pay only \$395.00*****

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

*** Board Approved free 2020 ICCA Summit registration includes full membership for one year at \$395. Travel, lodging and miscellaneous expenses are not included. Most meals are included. All payments or checks must be received by February 29, 2020 to receive discount.