

# 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):

- Food
- Beverage
- Equipment
- Tabletop
- Other \_\_\_\_\_
- 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.)

- Networking/Communication
- Educational Programs
- Research Information
- Purchasing Information
- Recipe/Menu Ideas
- Links to Food Education Sites
- Industry News
- Association Activities
- 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 2024 Annual Membership \$395.00\*
- ICCA 21st Annual Summit - June 23 - 26, 2024; Hotel Indigo, Los Angeles Registration ~~\$595.00~~\*\*
- Special Limited Time Free 21st 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 2024 ICCA Summit registration includes full membership for one year at \$395. Travel, lodging and miscellaneous expenses are not included. Most meals are included including dinner each night. All payments or checks must be received by April 30, 2024 to receive discount.