



CANADIAN CHEF EDUCATORS ASSOCIATION

Membership Application Form

Please Print or Type

Last Name _____ First Name _____ Initial _____

Apartment # _____ Number and Street _____ City _____ Province _____ Postal Code _____

Home Phone Number (____) _____ Home Fax Number (____) _____

Email Address _____

Name of School or College

Trade Qualification Number

Street

City

Province

Postal Code

Work Phone Number (____) _____ Work Fax Number (____) _____

Work Email address _____

Position

Number of Years

Signature of Applicant _____ Date of Application _____

Signature of Current Member Sponsors:

1) _____

2) _____

**Annual Membership Fee of \$60.00 To Accompany Application Form.
Membership Year is January 1 to January 1.
Please Make Cheque or Money Order Payable To:**

**Canadian Chef Educators Association
c/o Terry Larsen
7324 Todd Crescent
Surrey, BC
V3W 7N6**