



## Application for Small Business Membership

A company membership for small, entrepreneurial businesses whose food or culinary-related products or services are marketed on a local or regional scale.

YES! I WANT TO BE A MEMBER OF THE INTERNATIONAL ASSOCIATION OF CULINARY PROFESSIONALS.

Complete the following information and mail or fax to:  
International Association of Culinary Professionals  
1100 Johnson Ferry Rd., Ste. 300  
Atlanta, GA 30342  
Fax: (404) 252-0774

### PRIMARY MEMBER

Each Small Business member is entitled to a Primary and Alternate member employed by the company.

Please type or print clearly

Name  
Mr./Ms./Mrs. \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone: (work) \_\_\_\_\_ Telephone: (home) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Web address \_\_\_\_\_

How did you hear about IACP? \_\_\_\_\_

Referred by \_\_\_\_\_

Please provide a brief description of your business \_\_\_\_\_

\_\_\_\_\_

### PROFESSIONAL-INTEREST SECTIONS

Membership in one section is available to all Primary members at no extra cost. Additional sections are available for an annual fee of \$25 each. Section membership is non-transferable. Section membership is available to alternate members for an additional fee. If more than one section is selected, please include additional charges with your remittance.

I would like to join the following section(s):

- |                                                        |                                                  |
|--------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Cooking Schools & Teachers    | <input type="checkbox"/> Entrepreneurs           |
| <input type="checkbox"/> Food Writing & Publishing     | <input type="checkbox"/> Marketing Communicators |
| <input type="checkbox"/> Food Photographers & Stylists |                                                  |

**ALTERNATE MEMBER**

Must be an individual employed by the company and at the same address as the Primary member

Name  
Mr./Ms./Mrs. \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

I would like to join the following Professional-Interest Section(s). (\$25 per section) Please include additional charges with your remittance.

- Cooking Schools & Teachers
- Food Writing & Publishing
- Food Photographers & Stylists
- Entrepreneurs
- Marketing Communicators

**DUES PAYMENT**

Full payment in U.S. Dollars must accompany this application.

\$470 (annual dues \$420, plus \$50 initiation fee)

Method of Payment:

- Check enclosed
- Please charge my Visa, MasterCard or American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

**CODE OF ETHICS**

Your signature below indicates that you have read and agree to abide by the Code of Ethics as outlined on the attached sheet.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application cannot be processed without the signature of the Primary member.

The IACP dues year begins October 1. A pro-rata share of the dues is credited to the following year's dues billing, on a monthly basis. Contributions or gifts to the International Association of Culinary Professionals are not deductible as charitable contributions for U.S. federal income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense.