



Application for Professional Membership

An individual membership for professionals whose primary business activity is culinary related.

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

GENERAL INFORMATION

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 primary business activity

PROFESSIONAL-INTEREST SECTIONS

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

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

- | | |
|---|---|
| <input type="checkbox"/> Cooking Schools & Teachers | <input type="checkbox"/> Entrepreneurs |
| <input type="checkbox"/> Food Writers, Editors & Publishers | <input type="checkbox"/> Marketing Communicators |
| <input type="checkbox"/> Food Photographers & Stylists | <input type="checkbox"/> Nutrition and Food Science |

DUES PAYMENT

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

\$270 (annual dues \$220, plus \$50 initiation fee)

Method of Payment:

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

Card Number _____

Expiration Date _____ Signature _____

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.

APPLICANT SIGNATURE

Your signature below indicates the following:

1. Your primary business activity is culinary related, thereby qualifying you for membership in the Professional Category.
2. 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 your signature.

If you have any questions or need additional information about membership, please contact Member Services at IACP headquarters or visit the IACP Web site at www.iacp.com.