## NZChefs - Membership Application Form.

Please print clearly



Surname:	First Name:	Mr. / M	/ Mrs. / Ms. / Other	
Phone H:	Phone B:	Mobile:	oile:	
E-mail:				
Postal Address:				_
		Doot Code		
Employer:	Initial here:	Post Code:	Office Use: Membership No:	
	So we can access your in membership benefits:			
Type of Membership: (Circle one	)	Fees inc	clude the Joining Fee and GS	ĭΤ
Full \$130.00 Establishment \$30	Training \$40.00 Stude 00.00 Secondary School	=	sociate \$130.00 rporate \$575.00	
Full Membership: A person with completed a training programm		•	table to NZChefs, or wl	าo has
Associate Membership: A person benefit to the aims and objective	•	=	ranch or national), ma	y be of
<b>Training Membership:</b> Training in the Culinary Arts.	membership shall be open	n to any person wh	no is currently tertiary	training
Student Membership: Student secondary school with an interest	·	en to any person	who is currently enr	olled at
Establishment Membership: A confectioners.	single business, at one loca	tion, with up to 5 (	chefs, cooks, patissiers	, and/or
Secondary School Membership	: Secondary Schools teachir	ng students in the	Culinary Arts / Hospita	lity.
Corporate Member: Companies	s that support NZChefs aims	and objectives.		
Cheque enclosed for \$ Or		Date: _	/ /	
Credit card number:			CVC no:	
Type of Card: Amex, Visa, Dir	ners, Master Card Expiry	Date:		
Name on Card:	Sigr	Signature:		
How did you hear about us?  I	Member	☐ Facebook	Other	_

Please forward the completed application form and payment to:

National Office, New Zealand Chefs Association, P.O. Box 24 057, Royal Oak, Auckland 1345

