

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Home address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

Email address(es) \_\_\_\_\_

Job Title \_\_\_\_\_

Employer \_\_\_\_\_

Other information to include in our directory (website, twitter handle, etc.)  
\_\_\_\_\_

**The Culinary Guild publishes a "members only" e-directory. We list all the information above unless you only want your name listed.**      **PLEASE LIST ALL** \_\_\_\_\_      **PLEASE LIST MY NAME ONLY** \_\_\_\_\_

How did you hear about the Culinary Guild? \_\_\_\_\_

Signature \_\_\_\_\_

1) What types of culinary events would interest you? \_\_\_\_\_

2) This optional response will help us better understand our membership and design programs that interest our members. It will be in our database but not part of the online directory.

2a) If you have been a professional in a food related industry - either past or present- please share your experience, skills, and culinary interests, including any awards, recognition and other culinary organization affiliations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2b) If you are a non-professional friend of the culinary world, please describe your culinary interests and your food related passions.

\_\_\_\_\_  
\_\_\_\_\_

3) Would you like to be involved with our Culinary committees? Please circle your area(s) of interest:

\* Programs

\*Marketing/Publicity/Social Media

\*Membership/Outreach

\* Education/Demos

\* Board position

\* Other: *Please describe:*

\_\_\_\_\_

**Membership Rate: \$75 through Aug. 31, 2017**

**Please mail this completed application along with your \$75 payment to:**

The Culinary Guild of New England

c/o Lisa Primavera

11 Joal Ave.

Walpole, MA 02081

Questions? Email us at [membershipcgne@gmail.com](mailto:membershipcgne@gmail.com)