

Name: _____

Date: _____ How did you hear about CGNE? _____

Home address: Street _____ City/Zip: _____

Preferred Phone: _____ Secondary phone: _____

Email address(es) _____

Job Title _____ Employer _____

Other information to include (website, twitter handle, etc.) _____

CGNE publishes a "members only" e-directory with limited distribution. We will list all the information above unless you would like us to list only your name and email address. PLEASE LIST MY NAME & EMAIL ONLY _____

Signature _____

1. How would you like to be involved within the Guild (circle as many as you wish):

Programs Marketing/Publicity/Social Media Membership/Outreach Community Service/Education/Demos

Other: *Please describe:* _____

2) Have you been a professional in a food related industry: past or present? (e.g. restaurant, retail, food writer, caterer, etc.) If yes, in what capacity?

3) Please highlight any skills and culinary interests, including any food related awards or recognition that you would like to share with other members:

4) With what other culinary organizations are you involved? _____

5) What types of events would like to see CGNE present? _____

6) Please describe your food related passion or any other culinary interests _____

2017-18 membership rate: \$75. Sept. 1, 2017 - Aug. 31, 2018

Please mail this completed application along with your payment to:

The Culinary Guild of New England
c/o Corinne Meyer
8 Skyview Lane
Sudbury, MA 01776

Questions? Email us at membershipcgne@gmail.com