

Canadian Culinary Federation Edmonton



Associate Membership Application

COMPANY INFORMATON			
Company Name			
Street Address	City	Prov	. Postal Code
Tel: (business)	Email (business)	Website Addre	ss
Nature of Business :			
Signed by Company Official	Print Name		Date
upcoming events and other bus	linary Federation newsletters and er siness related to the Canadian Culina ng us at admin@edmontonchefs.ca	ary Federation. You may withd	
REPRESENTATIVE INFORMATION			
Name			
Title			
Tel: (Cell)	Email		
FEES AND PAYMENT INFORMATION			
Fees for application are \$100.00 (one- Canadian Culinary Federation – Edmo Edmonton, Alberta, T5J 1N9. Credit of	onton and must accompany the a	application form. Mail to: 97	
	PAYMENT INFORMA	ATION	
•Cheque payable to: Canadian Culinar	y Federation - Edmonton		
☐ Visa ☐ MasterCard ☐ Amex	#	Exp Date	
Cardholder's Name (print please)			
Signature:			