



Les Toques Blanches

'EXECUTIVE CHEFS ASSOCIATION OF MELBOURNE'

CHEF MEMBER APPLICATION FORM

Application for membership

of the Les Toques Blanches Victorian Chapter Inc in VIC Reg No A00 39465G

I _____
(full name and occupation)

of _____
(address)

desire to become a member of Les Toques Blanches Victorian Chapter Inc. in Victoria

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force

Date: ____/____/____ Signature: _____

Nomination

I _____
(name)

As a full member of the Association, nominate the above applicant.

Date: ____/____/____ Signature: _____

Second Nomination

I _____
(name)

As a full member of the Association, second the above applicant.

Date: ____/____/____ Signature: _____



Les Toques Blanches

'EXECUTIVE CHEFS ASSOCIATION OF MELBOURNE'

CHEF MEMBERSHIP INSCRIPTION FORM

NAME: _____

DATE OF BIRTH: _____

PRIVATE ADDRESS DETAILS:

Street: _____

Suburb: _____

Country: _____

Telephone: _____

Mobile: _____

Email: _____

COMPANY NAME: _____

TITLE: _____

ADDRESS DETAILS:

Street: _____

Suburb: _____

Country: _____

Telephone: _____

Mobile: _____

Email: _____



Les Toques Blanches

WORK HISTORY OUTLINE

Place	Country	From	To

Please submit current resume.

