



*'EXECUTIVE CHEFS ASSOCIATION OF MELBOURNE'*

**ASSOCIATE 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 and business bio



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