

The League of International Chefs Association TLICA P. O. Box 86 Valley Cottage, NY 10989 (917) 567- 5216

Website: www.tlica.org Email: tlica.info@gmail.com

MEMBERSHIP APPLICATION

PLEASE PRINT THE FOLLOWING INFORMATION

Preferred Address: Work Home						
First Name:			MI:	Last Na	ame:	
Work Title:			Company/Employer:			
Company Address:						
City:			State:	Zip:	Country:	
Work Phone:			Mobile:		Fax:	
Work E-mail:			Website: http://			
Home Address:						
City:			State:	Zip:	Country:	
Home Phone:			Mobile:		Fax:	
Home E-mail:						
MEMBERSHIP CATEGO	e)			ANNUAL FEES		
Culinarian		Culinarian with at least 1 year of semployment in the culinary profession or recent culinary school graduate.				
Associate/Purveyor		A company or representative of a group \$ providing products and services to the culinary field.				
Allied Persons of culinary			oloyed in a field related to the \$ <u>300</u> ofession, such as Restaurant od Safety Professionals, etc.			
METHOD OF PAYMENT (membership is processed when dues are paid in full)						
○ Check/M.O.	○ VISA	○ MASTERCA	RD A	MEX	○ DISCOVER	
Cardholder name:						
Credit card number:					Expiration date:	
Please let us know how you heard about TLICA:						