

Name: _____

Date: _____ How did you hear about CGNE? _____

Home address: _____

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. We will list all the information above unless you would like us to list your name only. Indicate whether you want *only* your name listed: PLEASE LIST MY NAME 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 _____

Membership rates (½ year): March 1, 2015 – Aug. 31, 2015

General Member \$45 _____ Jr./Sr. Member (*under 30 or over 65*) \$30 _____

Please mail this completed application along with your payment to:

The Culinary Guild of New England

c/o Lisa Primavera

11 Joal Ave.

Walpole, MA 02081

Questions? Email us at membershipcgne@gmail.com