

# THE PASTRYCHEF GUILD OF ALBERTA

PO BOX 61042  
KENSINGTON RPO  
CALGARY ALBERTA  
T2N 4S6

## MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:		
Date of birth: (optional)	Phone:	
Current address:		
City:	Province/State:	Postal Code:
E-mail:		

### EMPLOYMENT INFORMATION

Current employer:		
Employer address:		
Phone:	E-mail:	
City:	Province/State:	Postal code:
Position:	How long?	

### APRENTICESHIP

Apprenticeship employer:		
Address:		How long?
From (year):	To (Year):	Fax:
City:	Province/State:	
Position:	Kind of certification obtained: Please enclose a Photocopy of your qualification	

### REFERENCES

Name	Address	Phone

### SIGNATURES

**I hereby apply for membership in THE PASTRYCHEF GUILD OF ALBERTA and agree to abide by the code of Ethics, Constitution and By-Laws and will conduct myself in such a manner as to honor to the Guild and my fellow members.**

Signature of applicant:	Date:
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#### For Office use only

Treasurer: \_\_\_\_\_ President: \_\_\_\_\_ Secretary: \_\_\_\_\_  
Certificate#: \_\_\_\_\_ Date received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_