



**MEMBERSHIP APPLICATION
THE PASTRYCHEF GUILD OF ALBERTA**

PO Box 82119
1400 12th Ave SW
Calgary Alberta
T3C 3W5

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:	
Current Position:	Kind of certification obtained: Please enclose a photocopy of your qualification(s)	

How do you feel you are able to contribute to our organization? (Please feel free to write on reverse of sheet)

REFERENCES

Name	Address	Phone

SIGNATURES

I hereby apply for membership in THE PASTRY CHEF GUILD OF ALBERTA adheres to the Membership requirements and agrees to abide by the Code of Ethics, Constitution and By-Laws and will conduct myself in such a manner as to honour 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: _____

"Sharing Knowledge, Sharing Experience"