



Texas Chefs Association
320 Kitty Hawk Rd. Suite 103
Universal City, TX 78148

210 566-5003
210 566-5111 fax
tca@texchef.org

Allied Membership Application

I hereby make application to be an Allied Member of the **Date** _____
 Texas Chefs Association and attach my check for dues. This application is for a dual membership with
 the American Culinary Federation & the Texas Chefs Association.

Please Print Name	Date of Birth (required for insurance)
Title	Education
Address	<input type="checkbox"/> High School
City	<input type="checkbox"/> College
State & Zip	Years
Home Phone e-mail	Major
<input type="checkbox"/> Primary mail address	
	<u>Must enclose with application:</u>
Business	
Address	Resume -last 5 years exp. Fill out on next page
City	• Check, money order, credit card. Dues rate on next page
State & Zip	
Business Phone e-mail	Application must be complete
<input type="checkbox"/> Primary mail address	

Applicant's
signature _____ **Chapter** _____

Allied Membership application

Employer	Position	From - To

Dues may be paid by check, money order or credit card (form below)

Important Print name
Amount charged
Credit Card # _____ exp date: ____/____
CSC# (last 3 digits on back of card) _____ or for American Exp four digits on front of card
Signature:
please add 3.00 labor processing fee (credit card only)

Allied Member Dues Schedule

\$295.00

Make check payable to :

Texas Chefs Association, 320 Kitty Hawk Rd. Suite 103, Universal City, TX 78148

