**2017 Application for Membership**

**PERSONAL**

Name:

Address:

Home Phone:

Cell Phone:

E-mail:

**PROFESSIONAL**

Business name:

Address:

Phone:

E-mail:

Nominated by (if applicable):

**PROFESSIONAL EXPERIENCE**

Please attach a resume or personal biography, which contains professional experience, education, professional honors, awards, and any relevant publications.

Please list memberships in other food and/or wine professional organizations.

Why do you wish to become a member of Les Dames d’Escoffier?

How do you feel you can contribute to Les Dames d’Escoffier?

What goals have you set for yourself regarding food, wine and/or hospitality?

Please list any committees and describe your responsibilities in other organizations if applicable.

Have you been involved with fund raising activities? Please describe your participation.

List any members of Les Dames d’Escoffier that you know.

In order to maintain the integrity of the Colorado Chapter, we request that all members become a member of a Chapter committee (fundraising, membership nominations, events, marketing, Green Tables, scholarships, etc), attend at least three events per year, or sponsor an event. Are you able to make that commitment?

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Signature                                                                                            Date