

Les Dames d'Escoffier International
Washington DC Chapter



Membership Application Form
Due Date: March 1, 2010

PLEASE PRINT OR TYPE

A. Personal Data

DATE _____

LAST NAME FIRST MIDDLE

ADDRESS

HOME PHONE FAX

BUSINESS PHONE FAX

E - MAIL

B. Education (include any food, beverage and hospitality training)

SCHOOLS AND ADDRESSES DATES ATTENDED DATE COMPLETED DEGREE/DIPLOMA/CERTIFICATE

C. Professional Experience

Begin with most current position. If this is a re-application from last year, please only complete A., update C. and return with fee. You will be considered an active applicant upon receipt of the update.

EMPLOYER NAME AND ADDRESS DATE STARTED DATE ENDED POSITION HELD

D. Describe your professional goals:



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E. Describe any professional experiences that distinguish you in your field:

F. Why do you wish to become a member of Les Dames d'Escoffier?

G. What contributions do you feel you can make to Les Dames d'Escoffier?

H. Current Memberships (Professional Associations, Food, Beverage and Hospitality Societies)



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I. Books, articles and other publications that you have written, edited or in which you have been featured (please include dates)

J. Honors and Awards (please include dates)

K. Professional References (2)

NAME	ADDRESS	PHONE
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NAME	ADDRESS	PHONE
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L. Committee preferences

- | | |
|---|--|
| <input type="checkbox"/> Educational Programs | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Fundraising Events | <input type="checkbox"/> PR/Communications |
| <input type="checkbox"/> Leadership- Strategic Planning | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Green Tables | <input type="checkbox"/> Website |
| <input type="checkbox"/> Grants | <input type="checkbox"/> Other _____ |

Please Mail this application along with a cover letter, pertinent information and a \$25 processing fee to:
Les Dames d'Escoffier – Washington DC
Membership Chair
P.O. Box 1617
Washington, DC 20013

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