



Canadian Pastry Chefs Guild Inc.  
 36 Melrose Avenue  
 Barrie, Ontario L4M 2A7  
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 Hot line: 905-819-7007  
 e-mail: can-pc-guild@cogeco.ca  
 web: www.canadianpastrychefsguild.ca

<b>FOR OFFICE USE ONLY</b>	
Date rcvd: .....	
MS fee paid: .....	
Receipt No.: .....	
Membership No.: .....	
Certificate made: .....	

**MEMBERSHIP APPLICATION**  
 (PLEASE PRINT OR TYPE)

Mr. Mrs. Ms. (circle one)

x			
Last Name	First Name	Initial	Date of Birth (optional)
x			
Name as you like it spelled on your certificate			Name of Spouse (optional)
<b>HOME ADDRESS</b> (use as mailing address    yes    no    circle one)			
x			
Number and Street	Apartment or Unit #	City	Province
x	( )	( )	( )
Postal Code	Home Telephone	Home Fax	Cell Phone

**BUSINESS OR EMPLOYMENT**

x			
Name of present business or place of employment			Position
<b>BUSINESS ADDRESS</b> (use as mailing address    yes    no    circle one)			
x			
Number and Street	Unit #	City	Province
x	( )	( )	
Postal Code	Business Telephone	Business Fax	

x *E-mail and/or web addresses (personal and/or business). If insufficient space, use back of page.*

**The objectives of the Canadian Pastry Chefs Guild are:**

- to promote and seek to improve the standards of the Pastry Chef trade
- to promote the trade education of its members
- to encourage the exchange of ideas related to the trade
- to promote co-operation among its members
- to encourage members of the trade to join the

Canadian Pastry Chefs Guild

- to offer counsel to the Government of Canada on matters related to the trade.

<b>Credit Card Payment (Visa only)</b>
Name on Card:
CC number:
Expiry date:

I hereby apply for Membership in the CANADIAN PASTRY CHEFS GUILD INC. and agree to abide by the Constitution and by-laws and will conduct myself in such a manner as to do honour to the Guild and my fellow members.

Date	Signature of Applicant
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Please return the COMPLETED form with your MEMBERSHIP FEE (\$60/year, no GST) or Visa information to the Guild Office at the above address. Thank You.