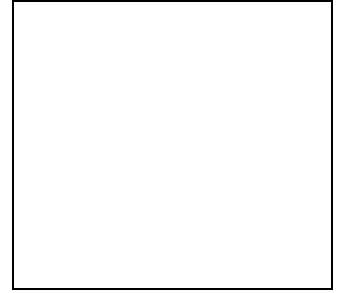




QATAR CULINARY PROFESSIONALS



The Qatar Culinary Professionals Application Membership

A Member of the World Association of Chef's Societies

Date of Application: _____

Family Name: (Mr./Ms./Mrs.) First Name/s _____

Nationality: Civil Status Date of Birth: dd/mm/yy _____

Name of Employer: _____

Work Address: _____

Address in Home Country: _____

Email: _____

Telephone Office: _____

Fax Office: _____

Professional Title: _____

Tel. Home: _____

Fax Home: _____

Email: _____

Type of Membership Required (Please tick one) Senior Member Junior Member Corporate Member Honorary Member

Corporate Senior Renewal Senior Young Chef
(Under 25 yrs. below) _____

Declaration to be Signed by all Applicants

I wish to join the QCP. I agree to be bound by the requirements of the memorandum of understanding. If elected, I promise to support the Guild and its endeavors, to the best of my abilities.

Signed: _____

Proposed By
Sig: _____

Seconded By
Sig: _____

For Official Use Only
Remarks: _____

Payment Received: _____

Certificate Given
Approved
President _____
Approved
Chairman _____

Fees: _____

A Member of the World Association of Chef's Societies