



NACE CORPORATE MEMBERSHIP APPLICATION

Date _____

Principal Corporate Member Information—please list additional corporate members on reverse side.

Name () Mr. () Ms. First _____ Last _____

Title _____ Company _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Web Address _____

Phone (____) _____ Fax (____) _____

Chapter Code _____ Second Chapter Code (additional \$50) _____

Please see page 3 for the NACE Code of Ethics Statement and Signature Requirement

MEMBER PROFILE

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Audio Visual | <input type="checkbox"/> Custom Invitations | <input type="checkbox"/> Furniture Rental | <input type="checkbox"/> Specialty Beverages/Non-Alcoholic |
| <input type="checkbox"/> Balloon Svcs/Design | <input type="checkbox"/> Computers/Software | <input type="checkbox"/> Ice Sculpting/Design | <input type="checkbox"/> Tent Rentals |
| <input type="checkbox"/> Beverages--Alcoholic | <input type="checkbox"/> Display/Service Pieces | <input type="checkbox"/> Linens/Linen Rental | <input type="checkbox"/> Tableware |
| <input type="checkbox"/> Beverages—Non-alcoholic | <input type="checkbox"/> Entertainment, Music/DJ Services | <input type="checkbox"/> Ministerial Services | <input type="checkbox"/> Theme/Special Event Prd/Props |
| <input type="checkbox"/> Bridal/Wedding Consulting | <input type="checkbox"/> Equipment | <input type="checkbox"/> Party Supplies | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Bridal/Wedding Publishing | <input type="checkbox"/> Floral | <input type="checkbox"/> Photographer | <input type="checkbox"/> Videography |
| | <input type="checkbox"/> Food Supplies | <input type="checkbox"/> Printing | |
| | | <input type="checkbox"/> Publications | |

METHOD OF PAYMENT

Fees: Primary Corporate Member: \$450 (includes membership for one local chapter)

Additional Corporate Members: \$175 (includes membership for one local chapter)

Second Local Chapter Membership: \$50 (registration under a second local chapter, valid for one member per \$50)

Check *enclose with application*

Charge *select card type below*

Total of

\$ _____

VISA MasterCard American Express Acct. No. _____

Signature _____ Exp. Date _____

Note: All fees must be paid in U.S. funds.

Please mail with remittance to: **NATIONAL ASSOCIATION OF CATERING EXECUTIVES 9981 Broken Land Parkway, Ste. 101
Columbia, MD 21046**

If you would like to pay with a Credit card, fax to 410.290.5460

NACE CHAPTERS

AO Alamo **AN** Anchorage **AT** Greater Atlanta **AU** Austin **BA** Baltimore **CB** Columbus **CN** Greater Charleston **CT** Charlotte **CH** Greater Chicago **DA** Dallas/Fort Worth **DR** Desert Resorts **DE** Greater Detroit **FW** Florida West Coast **FL** South Florida **HO** Honolulu **HN** Houston **IE** Inland Empire **KC** Greater Kansas City **LV** Las Vegas **LA** Los Angeles **MP** Memphis **MN** Minneapolis/St. Paul **NA** Nashville **NE** New England **NO** New Orleans **NF** Northeast Florida **OC** Orange County **OR** Orlando **PS** Pacific Northwest **PH** Philadelphia/South Jersey/Delaware **PX** Phoenix **SA** Sacramento **SD** San Diego **SF** San Francisco/Bay Area **SV** Silicon Valley **ME** Southern Wisconsin **CW** Capital Area of Wisconsin (Madison) **TA** Tacoma South Puget Sound **TO** Toronto **TR** Triangle, NC **VE** Ventura **WA** Greater Washington D.C. **AL** At Large (chapter yet to be established in your area)

If you have any questions regarding this application or terms of membership, please call NACE Membership Services at 410.290.5410 or e-mail jsummers@nacenet.org .

Additional Corporate Information:

Please list all members for which fees will be paid, excluding the Primary Corporate Member.

THERE IS NO LIMIT TO ADDITIONAL MEMBERS. PLEASE PHOTOCOPY THIS SHEET IF NECESSARY.

Name _____	Title _____
Phone _____	Fax _____
Street _____	City _____ State _____
Zip _____	
E-mail *REQUIRED* _____	
Chapter Code _____	Add'l Chapter Code _____
Name _____	Title _____
Phone _____	Fax _____
Street _____	City _____ State _____
Zip _____	
E-mail *REQUIRED* _____	
Chapter Code _____	Add'l Chapter Code _____
Name _____	Title _____
Phone _____	Fax _____
Street _____	City _____ State _____
Zip _____	
E-mail *REQUIRED* _____	
Chapter Code _____	Add'l Chapter Code _____
Name _____	Title _____
Phone _____	Fax _____
Street _____	City _____ State _____
Zip _____	
E-mail *REQUIRED* _____	

Chapter Code _____	Add'l Chapter Code _____
Name _____	Title _____
Phone _____	Fax _____
Street _____	City _____ State _____
Zip _____	
E-mail *REQUIRED* _____	
Chapter Code _____	Add'l Chapter Code _____

National Association of Catering Executives Code of Ethics – Compliance and Condition Precedent

As a condition precedent to admission to membership of NACE, candidates for membership shall agree in writing to abide by this code of ethics. Failure to maintain compliance herewith shall be cause for expulsion of any member, following due process as provided in the bylaws of the association.

Requirements:

1. Members shall at all times conduct themselves and their professional activities in conformance with the laws of the land.
2. Members shall keep the concerns of their clients foremost in mind in the conduct of their business consistent with the objectives of their employers.
3. Members shall continuously work to improve their knowledge and skills to the benefit of their clients, themselves, NACE and the organization they represent.
4. Members will have sympathetic understanding of the problems of fellow members. This understanding is a unifying and strengthening force.
5. Members shall transact all business on behalf of the association in accordance with the bylaws, policies and procedures manual, laws of the land and this code of ethics.
6. Members shall not engage in activities harmful to the purpose of NACE, or use their position in the association to exploit personal views.
7. Members shall devote themselves to giving of their time and talent to the communities in which they live, work and play, without regard to rewards therefrom.
8. Members shall encourage promising persons to enter the profession of catering and to grow therein to become the *best* in their chosen profession.

I hereby certify that I have read and agree to abide by the NACE Code of Ethics.

Signature of Primary Corporate Contact

Date

When mailing or faxing application, please make sure to include this page. Thank you.