

**New York Women's Culinary Alliance
2011 - 2012 Application for NEW Members
SUBMISSION DEADLINE: 05/20/2011**

NAME: _____
Please print your name clearly.

Our Mission: The New York Women's Culinary Alliance fosters networking, education and cooperation for women in the culinary and beverage fields in the NYC area.

Last Name: _____
First Name: _____
Company Name (If applicable): _____
Title (If applicable): _____

Preferred Contact Address: Home Office (Please indicate)
Street: _____
City: _____ ST: _____ Zip: _____
E-mail: _____
Web: _____
Blog: _____
Fax: _____
Home Phone: _____
Office Phone: _____
Cell Phone: _____

Please indicate preferred contact telephone number by circling home, office or cell.
Best time to reach you by phone: _____

Please give a brief description of your professional activity or your business (150 words or fewer).

Most Alliance programs are hosted in Manhattan; please indicate other areas in the immediate tri-state area you would like to see programs held.

Many programs are scheduled in the evenings; please indicate other times you would like to attend events.

Weekends: _____ Weekdays: _____ Mornings: _____ Afternoons: _____ Lunchtimes: _____

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How did you hear about the Alliance?

friend/colleague who is a member (her name): _____

www.NYWCA.org (how did you find it?): _____

media (please specify): _____

other (please specify): _____

Why are you interested in joining the NYWCA?

With your application, please provide three (3) letters of reference. References can be from current Alliance members (but do not have to be), and should be from professional colleagues (not family members) and different jobs (not all from the same experience). Please print the names of your references:

1.

2.

3.

Participation

The New York Women's Culinary Alliance is a participatory organization that encourages members to become involved in programs, events, committees, and fundraising functions. This results in a group of active and involved women in the culinary field.

To retain membership in good standing, members must do one of the following each year:

- Sponsor or give a program or food demonstration
- Become an active member of a committee
- Perform a specific function for the organization
- Attend a minimum of four programs/events

Committees: Please indicate in order of preference (1, 2, 3) which Committee(s) you are interested in participating in to support the Alliance. List at least three (3) but no more than five (5). Every effort will be made to honor your preferences.

Book Club		History		Dine Around Subcommittee	
Charitable Giving		Membership		Happy Hour Subcommittee	
Credit Recording		Mentoring		Wine & Spirits Subcommittee	
Cooking with Kids		Networking		Social Media	
Directory		Nominating		Student Chapter	
E-Newsletter		Programs		Venues	
Event Summaries		Website			

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Please let us know how, in addition to attending programs, you plan to fulfill your credit requirements in the coming year, along with a little more about you, your preferences and ideas.

If you would like to give a program, briefly describe your program idea.

Would you like to volunteer to assist with a program? (Examples of tasks you could be asked to perform include initial planning, calling members, taking RSVP's, coordinating sign-in sheets, setting up or cleaning up.)

Yes _____ No _____

Please indicate which skills/interests—whether or not they apply to your job or to the food industry—that you would be willing to share to support the Alliance.

graphic design printing photography website design flower arranging
 computer technology fine arts crafts writing editing music performance
 music production video production other media production event planning
 room design public speaking bartending others _____

Are there other functions you would like to perform? (If so, please describe):

Big Sister/Little Sister Program

The Big Sister/ Little Sister Program offers members an informal opportunity to acquaint and make connections. "Big Sisters" are more experienced Alliance members offering advice and direction to enhance the growth and interaction of the newer Alliance members (aka the "Little Sisters").

A Big Sister/ Little Sister happy hour will be held on July 19, 2011, at 6:15 p.m.

The location and RSVP information will be included in the acceptance letters.

Check below if you'd like to be involved:

Little Sister _____

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Directory Networking Index

For inclusion in the Alliance Membership Directory, circle up to three (3) categories that best describe your primary field(s) of professional activity. If you circle more than three (3), only the first three (in alphabetical order) will be included in directory listings. If you have an area of specialty or particular expertise within a listed category you have the opportunity to indicate this below.

- | | |
|--|---|
| AUTHOR | HISTORIAN |
| BAKER/CAKE DESIGNER | HOME ECONOMIST |
| BOOK PUBLISHER/PACKAGER | LITERARY AGENT |
| CATERER | MARKETING |
| CHEF/COOK | NUTRITIONIST/DIETITIAN |
| CHEF, Pastry | PRODUCT DEVELOPMENT |
| CHEF, Private | PROP STYLIST |
| CONFECTIONER | PUBLIC RELATIONS |
| COPY EDITOR | RECIPE DEVELOPER |
| COOKING SCHOOL | RECIPE TESTER |
| OWNER/ADMINISTRATOR | RESTAURANT/FOODSERVICE CONSULTANT |
| CULINARY EDUCATOR | RESTAURANT OWNER/MANAGER |
| CULINARY GUIDE/ESCORT | RETAILER |
| DESIGNER/ILLUSTRATOR | SPOKESPERSON - MEDIA |
| EDITOR, Food & Wine | TEST KITCHEN DIRECTOR |
| EDITOR, Travel | TV/RADIO PRODUCTION |
| EVENT/CONFERENCE PLANNER | WEB EDITOR/PRODUCER |
| FOODSERVICE FACILITY MANAGER | WINE/BEVERAGE PROFESSIONAL |
| FOOD MANUFACTURER/IMPORTER/
WHOLESALE | WHOLESALE/SALES |
| FOOD PRODUCER/GROWER | WRITER: Food & Wine |
| FOOD PHOTOGRAPHER | WRITER: Travel |
| FOOD STYLIST | OTHER _____ |
| FOOD STYLIST ASSISTANT | (Please list a professional title only) |

SPECIALITY: If you have an area of special focus or expertise within a category, please list below. Some examples include a type of cuisine (e.g. health, Brazilian, vegan, diabetes) or specific beverage (e.g. spirits, teas), special educational focus, sustainability or organics, artisanal foods, business development, media training, appliances, cooking techniques. Please list as a title.

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Sending in Your Application

Please return this completed form, along with a dues check for \$150.00 (made payable to the New York Women's Culinary Alliance), and your three reference letters no later than **Friday, May 20, 2011**. If your name is not printed on the check please clearly write your name on it so all membership applications can be accurately recorded. All materials should be mailed together.

Mail to: Rhonda Lerner
NYWCA New Members
287 Taft Road
River Edge, NJ 07661

Once the board has reviewed your application, you will be notified by June 30, 2011. Only when your application is approved will your membership payment be processed. We will promptly return your check if you are not eligible for membership. If you have any questions, please contact Rhonda Lerner at (201) 572-1484 or via email rhonda4@optonline.net