

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

NAME: _____
Please print your name clearly.

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: _____

Participation

The NYWCA thrives on member participation at all levels.

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			

Please answer the following, to let us know – in addition to attending programs – how you plan to fulfill your credit requirements in the coming year and share your ideas. Feel free to add comments:

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

Yes No

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

Would you like to give a program? (If so, please briefly describe your program idea)

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

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

Weekends: ___ Weekdays: ___ Mornings: ___ Afternoons: ___ Lunchtimes: ___

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 _____

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:

Big Sister _____ 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 a particular expertise within a listed category you have the opportunity to indicate this below.

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

We look forward to welcoming you back to the Alliance! Please submit this completed form, along with a check for \$135.00 (made payable to the New York Women's Culinary Alliance) to cover your dues, 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.

Mail to:

Brona Cosgrave, NYWCA Membership
134 Baltic Street, #3A
Brooklyn, NY 11201

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 continued membership. If you have any questions, please contact Brona Cosgrave at 646-417-0000 or via email bronacos@yahoo.com with NYWCA in the subject line.