

# Membership Form



**ACAHAPA**  
Academy for Culinary Arts and Hospitality Administration  
Parents Association



We are the parent association for ACAHA, bringing our families together to support our children and our academy.

## **To Join**

Please mail this form along with your check for \$20, payable to PPO/ACAHAPA, to:

Marta Khanlian  
220 Seminole Lane  
Franklin Lakes, NJ 07417

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Student Name: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Academy \_\_\_\_\_

Parent Names: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Home Tel. \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

*Please check all that apply.*

- YES, we would like to join ACAHAPA. Our \$20 dues are included.
- Please accept our additional donation of \$ \_\_\_\_\_ to support ACAHAPA.

Please contact me.

- I work in the culinary or hospitality field.
- I have a professional contact that could help us as a speaker or resource.
- I would like to volunteer at an event.

**If you would like more information, please contact us.**

Marta Khanlian                      Class 2016, Class 2018  
Membership Coordinator        Khanlian@hotmail.com

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For ACAHAPA use:

Check # \_\_\_\_\_ Cash \_\_\_\_\_                      Amount \$ \_\_\_\_\_ Date Received \_\_\_\_\_