



GREAT KITCHENS

MEMBERSHIP APPLICATION



The National Foundation for Celiac Awareness promotes GREAT Kitchens that adhere to best practices in gluten-free preparation and service. These best-in-breed establishments understand the medical needs of people with gluten-related disorders and they are committed to serving them safely. NFCA works promotes GREAT Kitchens to consumers via social media platforms, public relations and media outreach and by supporting restaurant meet-ups and events.

COMPANY INFORMATION

Business/Company Name :		
How many units are associated with your company?		
Name of Parent Company/Restaurant Group:		
Location Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Website Address: www.		
Other Social Media:		

GREAT TRAINING INFORMATION

GREAT Training Method Used: On-line Train-the –Trainer Consultant _____

Name of Primary Trainer:* _____ Title: _____

Email: _____ Phone: _____

CONTACT INFORMATION

Owner/Proprietor:	General Manager:	Chef/Culinary Contact:	Marketing Contact:
Title:	Title:	Title and Culinary Affiliation:	Title:
Direct Phone:	Direct Phone:	Direct Phone:	Direct Phone:
Cell Phone:	Cell Phone:	Cell Phone:	Cell Phone:
E-mail Address:	E-mail Address:	E-Mail Address:	E-Mail Address:

**Primary trainer must have completed GREAT Kitchens online course and received passing grade on exam.*

FOODSERVICE DISTRIBUTOR:

PLEASE LIST ANY AWARDS OR HONORS YOUR ESTABLISHMENT HAS RECEIVED

PLEASE CHECK THE CATEGORY FOR YOUR COMPANY:

- | | |
|---|---|
| <input type="checkbox"/> Catering | <input type="checkbox"/> Camp |
| <input type="checkbox"/> Quick Serve | <input type="checkbox"/> Foodservice |
| <input type="checkbox"/> Fast Casual | <input type="checkbox"/> K-12 School |
| <input type="checkbox"/> Fine Dining | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Healthcare Institution | <input type="checkbox"/> Other: _____ |

PROGRAM AND RENEWAL INFORMATION

- If this application is accepted, your GREAT Kitchens designation will be active for two years as long as you continue to train new employees and uphold GREAT Kitchens standards.
- After two years, you must reapply for GREAT Kitchens status.
- You will be notified by email prior to your renewal period.
- If you cease to offer gluten-free options, you must contact NFCA so that your name can be removed from our GREAT Kitchens directory.

PAYMENT INFORMATION - Please check all that applies for billing:

- Enclosed is my payment of \$200 per location (volume discounts available).

Authorized Representative – Please Print

_____/____/____
Authorized Representative – Please Sign

Payment Type: Check payable to NFCA

Please bill my Credit Card: \$_____
Name on Card: _____
Visa – MasterCard – Amex (please circle)
Card #: _____
Exp Date: __/__/__ Security Code: _____

Please return application, payment and forms to Beckee Moreland, National Foundation for Celiac Awareness, PO Box 6635, Lincoln, NE, 68506-6635. Or via email (beckee@celiaccentral.org) or fax: **888-343-3909**