



Application

FOR ASSOCIATE MEMBERSHIP

FORM B

FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL

3309 Robbins Road #171

Springfield, IL 62704-6587

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Application also available on our Website, located at: www.fcsi.org/?ConsultantMembers

Associate Membership

This application is for individuals currently employed as an independent consultant in the foodservice industry. Employees engaged in similar design activities who are employed by Dealers or Dealer Affiliates should use the Individual Allied Membership Application.

General Information

(Please type or print legibly)

Mr. Last Name: _____ First Name: _____ Middle Initial: _____
 Ms.

Title or Position: _____

Please indicate the statement that best fits your current consulting focus:

I offer design consulting services I offer MAS consulting services I offer both design and MAS consulting services

Company: _____

Length of Time with this company: _____ years _____ months

Please give a brief description of your current role within the company: _____

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____ Company Website: _____

Date of Birth (Optional): _____

How did you hear about FCSI? _____

Do you or your company receive any monetary benefit or other consideration from the sale or promotion of equipment or other product? Yes No If yes, please explain:

Education and Employment History

HIGHEST LEVEL OF EDUCATION

College/Professional School: _____

City: _____ State/Province _____ Country: _____

Degree: _____ Major: _____

EMPLOYMENT HISTORY (*begin with most recent*)

Dates: To _____

From _____

Former Employer/Business Name: _____

Please give a brief statement about this employer's business: _____

Address: _____

Contact Person: Mr. Ms. _____

Your Title: _____

Responsibilities: _____

Dates: To _____

From _____

EMPLOYMENT HISTORY

Former Employer/Business Name: _____

Please give a brief statement about this employer's business: _____

Address: _____

Contact Person: Mr. Ms. _____

Your Title: _____

Responsibilities: _____

Experience

Number of years/months of experience as a consultant: _____

Number of years/months of experience in the foodservice industry: _____

Acknowledgment

I agree that all information given FCSI is complete and correct. I further agree to provide additional information, if requested by FCSI. I shall conduct my activities in accordance with FCSI's Objectives, bylaws and Code of Ethics and Professional Conduct. I further waive and release all claims, demands and actions that I now or in the future may have against FCSI, its officers, directors, members and management company for any act or omission in granting or denying membership in FCSI.

I hereby acknowledge that I qualify, to the best of my understanding, for the membership category for which I am applying, as defined by the FCSI governing documents.

Signature _____ Date _____

Dues

The FCSI dues year begins January 1. Dues are pro-rated the first year based on the month in which you join. Membership in FCSI is recorded in the name of the individual. A non-refundable processing fee is due with Associate member applications. All funds must be in U.S. Dollars.

Application Fee: \$50 due with application

Associate Dues: Years one–three: \$185 per year

After year three, your status becomes Associate Non Tracking if you have not applied for Senior Associate

Method of Payment for Application Fee and Year One Dues

Check (included – make payable to *FCSI–The Americas*)

Credit Card (please check one): Visa MasterCard American Express

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVV # _____