



Application

FOR CORPORATE MEMBERSHIP

FORM C

FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL

3309 Robbins Road #171

Springfield, IL 62704-6587

Phone 309.808.2165 • Fax 309.585.2992 • E-mail: Penny@fcsi.org

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

Corporate Membership

This membership is structured for manufacturers and suppliers of products and services specific to the commercial/institutional foodservice/hospitality industry.

In the event that one of the corporate representatives leaves the company, the Corporate Member has a right to re-assign the membership for the balance of the term. Corporate members are entitled to advertise and/ or sponsor official FCSI events. Additional corporate representatives should apply for Individual Allied Membership.

Dues

Corporate Membership dues are \$1,825 annually (subject to increase in future years). The FCSI dues year begins January 1. Dues may be pro-rated the first year based on the month in which you join.

General Information

(Please type or print legibly)

Required: Primary Representative (Corporate Designate)

Company: _____

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

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

Title or Position: _____

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____ Company Website: _____

Optional: Secondary Representative (Corporate Alternate)

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

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

Title or Position: _____

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____ Company Website: _____

Product Categories

Please check your appropriate category:

- | | |
|--|--|
| <input type="checkbox"/> Bar Structures | <input type="checkbox"/> Marketing & Public Relations Services |
| <input type="checkbox"/> Blast Chillers/Freezers | <input type="checkbox"/> Merchandisers |
| <input type="checkbox"/> Blenders | <input type="checkbox"/> Ovens (deck/convention/combi/conveyor) |
| <input type="checkbox"/> Broilers | <input type="checkbox"/> Ranges (gas, electric, induction) |
| <input type="checkbox"/> Cabinets | <input type="checkbox"/> Refrigeration Systems |
| <input type="checkbox"/> Cart and Rack Washers | <input type="checkbox"/> Refrigerators/Freezers (Reach-in, Under-counter, Walk-in) |
| <input type="checkbox"/> Carts | <input type="checkbox"/> Safety Systems |
| <input type="checkbox"/> Custom Fabrication (stainless steel and Millwork) | <input type="checkbox"/> Sanitization Products/systems |
| <input type="checkbox"/> Beverage Systems | <input type="checkbox"/> Shelving Systems |
| <input type="checkbox"/> Cold Plates | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Conveyor Systems | <input type="checkbox"/> Vegetable washers and dryers |
| <input type="checkbox"/> Fabrication Hardware | <input type="checkbox"/> Ware Handling Systems |
| <input type="checkbox"/> Food Guards | <input type="checkbox"/> Warewashers |
| <input type="checkbox"/> Food Holding Containers | <input type="checkbox"/> Waste Disposal Systems |
| <input type="checkbox"/> Food Processing Machines | <input type="checkbox"/> Water Purification Systems |
| <input type="checkbox"/> Fryers and Fryer Filters | <input type="checkbox"/> Work Tables/Sinks |
| <input type="checkbox"/> Furniture/Fixtures | <input type="checkbox"/> Ventilation and Fire Suppression Systems |
| <input type="checkbox"/> Griddles | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ice machines and Dispensers | |
| <input type="checkbox"/> Information/POS/Alarm systems | |

Method of Payment

- ☐ 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 # _____

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 and the 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, trustees, 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 _____