



Application

FOR CORPORATE MEMBERSHIP AND EDUCATION PROVIDER

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 \$2,325 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. Corporate Members are automatically enrolled in the Education Provider Program at no additional cost.

General Information

(Please type or print legibly)

Required: Primary Representative (Corporate Designate)

Company: _____

Mr.
 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.
 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: _____

General Information (continued)

(Please type or print legibly)

Optional: Third Representative (Corporate Alternate2)

Company: _____

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

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:

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

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 _____