



2019 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. 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: _____

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:

- | | |
|--|--|
| <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 _____