



# 2019 Application

## FOR STUDENT MEMBERSHIP

### FORM E

#### 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](mailto:Penny@fcsi.org)

Application also available on our Website, located at: [www.fcsi.org/?ConsultantMembers](http://www.fcsi.org/?ConsultantMembers)

### Student Membership

This application is for students attending an accredited institution of higher learning and enrolled in a foodservice, hospitality or affiliated course of study related to foodservice consulting, architecture and engineering. Student members are encouraged to explore the mentor and scholarship opportunities offered by the FCSI Education Foundation.

### General Information

(Please type or print legibly)

☐ Mr. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
☐ Ms.

Organization (School): \_\_\_\_\_

School-Term Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Permanent Address** (If same as above, leave blank):

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth (Optional): \_\_\_\_\_

How did you hear about FCSI? \_\_\_\_\_

### Education History

Please check year in school at this time:

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Post-Graduate

Degree/Major: \_\_\_\_\_

I expect to finish my schooling (month & year): \_\_\_\_\_

Please give a brief statement about your goals in the foodservice/hospitality industry: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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. All funds must be in U.S. Dollars. Please include first year dues with application.

**Student Dues:** \$25 Annually

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## 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 # \_\_\_\_\_

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## 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 \_\_\_\_\_