FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL
THE AMERICAS

2020 Application

FOR CORPORATE MEMBERSHIP AND EDUCATION PROVIDER

FORM C

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

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:_____

Office Phone: _____ Mobile Phone:_____

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:_____

Office Phone: _____ Mobile Phone:_____

E-mail:_____ Company Website:_____

General Information (continued)

(Please type or print legibly)

Optional: Third Representative (Corporate Alternate2)

Company:_____

❑ Mr. ❑ Ms. Last Name:_____ First Name:_____Middle Initial: _____

Title or Position:_____

Street Address:_____

City:_____State/Province: _____

Zip/Postal Code:_____ Country:_____

Office Phone: _____ Mobile Phone:_____

E-mail:_____ Company Website:_____

Product Categories

Please check your appropriate category:

❑ Bakery Equipment
❑ Bar Structures
❑ Beverage Systems
❑ Blast Chillers/Freezers
❑ Blenders
❑ Broilers
❑ Cabinets
❑ Cart and Rack Washers
❑ Carts
❑ Coffee Equipment
❑ Cook/Chill Systems
❑ Culinary Heat Lamps
❑ Custom Fabrication (Stainless Steel and Millwork)
❑ Beverage Systems
❑ Cold Plates
❑ Conveyor Systems
❑ Displays
❑ Doors
❑ Drive Through/Pass Through Windows/Curtains
❑ Fabrication Hardware
❑ Food Guards
❑ Food Holding Containers
❑ Food Processing Machines
❑ Fryers and Fryer Filters
❑ Furniture/Fixtures
❑ Griddles
❑ Grills
❑ Ice Machines and Dispensers
❑ Information/POS/Alarm Systems
❑ Insect Light Traps
❑ Kiosks
❑ Marketing & Public Relations Services
❑ Merchandisers
❑ Ovens (Deck/Convention/Combi/Conveyor)
❑ Plumbing Systems/Equipment/Hardware
❑ Ranges (Gas, Electric, Induction)
❑ Refrigerated Display Cases
❑ Refrigeration Systems
❑ Refrigerators/Freezers (Reach-in, Under-counter, Walk-in)
❑ Roller Grills/ Bun Warmers
❑ Safety Systems
❑ Sanitization Products/systems
❑ Shelving Systems
❑ Soft Serve Equipment
❑ Software Systems
❑ Steamers
❑ Storage
❑ Temporary/Interim Kitchens
❑ Vegetable Washers and Dryers
❑ Ware Handling Systems
❑ Warewashers
❑ Waste Disposal Systems
❑ Water Heaters
❑ 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_____