



2020 Application

EMERITUS MEMBERSHIP

FORM H

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
www.fcsi.org

General Information

(Please type or print legibly)

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

Title or Position: _____

Company: _____

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____ Company Website: _____

Request for Emeritus Membership

Written Request to the Board for Emeritus Membership status:

Per the FCSI TA Bylaws, Emeritus Membership is defined as a Professional Member in good standing who has retired from active practice and no longer is involved, in any way, in the solicitation, provision or sale of services in the foodservice industry. Emeritus Members may use the designation "FCSI Emeritus." or FCSI (EM). They shall not have the right to vote or serve as an Officer or Director.

I have read and understand the terms of Emeritus Membership and agree that I qualify for this membership type as outlined above.

Signature _____ Date _____

You will be notified of your membership status pending Board approval.

Dues

Emeritus dues are \$85 annually

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 _____