2021 Application

FOR AFFILIATE MEMBERSHIP

FORM **F**

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

Affiliate Membership

Affiliate membership is open to full-time hospitality and culinary educators, not-for-profit organizations that provide research and/or education for the betterment of the foodservice industry and industry managers/operators/chefs who have an interest in the consulting profession.

General Information

(Please type or print legibly)

❏ Mr.
❏ Ms.

Last Name:_____ First Name:_____Middle Initial: _____

Title or Position:_____

Company:_____

Street Address:_____

City:_____State/Province: _____

Zip/Postal Code:_____ Country:_____

Office Phone: _____ Mobile Phone:_____

E-mail:_____Company Website:_____

How did you hear about FCSI?_____

Employer Information

Please give a brief statement about your employer's business:_____

_____

_____

_____

_____

Please give a brief statement about your duties/responsibilities:_____

_____

_____

_____

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.

Affiliate Dues: $450

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_____