



# 2021 Application

FOR CORPORATE MEMBERSHIP AND EDUCATION PROVIDER

**FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL**

3309 Robbins Road #171

Springfield, IL 62704-6587

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**FORM C**

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

Mr.

Ms.

Company: \_\_\_\_\_

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

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:

- |  |  |
|--|--|
| <input type="checkbox"/> Bakery Equipment                          | <input type="checkbox"/> Insect Light Traps  |
| <input type="checkbox"/> Bar Structures                            | <input type="checkbox"/> Kiosks  |
| <input type="checkbox"/> Beverage Systems                          | <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"/> Plumbing Systems/Equipment/Hardware                       |
| <input type="checkbox"/> Cabinets                                  | <input type="checkbox"/> Ranges (Gas, Electric, Induction)                         |
| <input type="checkbox"/> Cart and Rack Washers                     | <input type="checkbox"/> Refrigerated Display Cases                                |
| <input type="checkbox"/> Carts                                     | <input type="checkbox"/> Refrigeration Systems                                     |
| <input type="checkbox"/> Coffee Equipment                          | <input type="checkbox"/> Refrigerators/Freezers (Reach-in, Under-counter, Walk-in) |
| <input type="checkbox"/> Cook/Chill Systems                        | <input type="checkbox"/> Roller Grills/ Bun Warmers                                |
| <input type="checkbox"/> Culinary Heat Lamps                       | <input type="checkbox"/> Safety Systems  |
| <input type="checkbox"/> Custom Fabrication (Stainless & 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"/> Soft Serve Equipment                                      |
| <input type="checkbox"/> Conveyor Systems                          | <input type="checkbox"/> Software Systems  |
| <input type="checkbox"/> Displays                                  | <input type="checkbox"/> Steamers  |
| <input type="checkbox"/> Doors                                     | <input type="checkbox"/> Storage   |
| <input type="checkbox"/> Drive Thru/Pass Thru Windows/Curtains     | <input type="checkbox"/> Temporary/Interim Kitchens                                |
| <input type="checkbox"/> Fabrication Hardware                      | <input type="checkbox"/> Vegetable Washers and Dryers                              |
| <input type="checkbox"/> Food Guards                               | <input type="checkbox"/> Ware Handling Systems                                     |
| <input type="checkbox"/> Food Holding Containers                   | <input type="checkbox"/> Warewashers   |
| <input type="checkbox"/> Food Processing Machines                  | <input type="checkbox"/> Waste Disposal Systems                                    |
| <input type="checkbox"/> Fryers and Fryer Filters                  | <input type="checkbox"/> Water Heaters   |
| <input type="checkbox"/> Furniture/Fixtures                        | <input type="checkbox"/> Water Purification Systems                                |
| <input type="checkbox"/> Griddles                                  | <input type="checkbox"/> Work Tables/Sinks   |
| <input type="checkbox"/> Grills                                    | <input type="checkbox"/> Ventilation and Fire Suppression Systems                  |
| <input type="checkbox"/> Ice Machines and Dispensers               | <input type="checkbox"/> Other _____   |
| <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 # \_\_\_\_\_

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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 \_\_\_\_\_