



Application

FOR PROFESSIONAL & SENIOR ASSOCIATE MEMBERSHIP

FORM A

ASIA PACIFIC DIVISION

FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL

FCSI APD Secretariat

All correspondence to: PO Box 576 Crows Nest, NSW, 1585 (Australia)

Tel: +61 2 9431 8678 Fax: +61 2 9986 3177 E-mail: apd@fcsi.org

GENERAL INFORMATION

(Please type or print legibly)

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

Membership Category: Professional Senior Associate
 Upgrade from: _____ To: _____

Title or Position: _____

Company: _____

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____ Company Website: _____

Date of Birth: _____

How did you hear about FCSI? _____

Referred by (Name & Company): _____

DUES

The FCSI dues year begins January 1. Dues for the first year are pro-rated based on the month in which you join. Membership in FCSI is recorded in the name of the individual. All funds must be settled in Australian Dollars.

Professional Dues: \$695.00 AU annually; Senior Associate Dues: \$555.00 AU annually

An application processing fee of \$165.00 AU will also be charged upon membership acceptance.

EXPERIENCE

Number of years/months of experience as a consultant: _____

Note: Professional member applicants must have been active as an independent consultant with assignment management responsibility for a minimum of two years, meaning total project management from proposal to project completion. **Senior Associate** applicants must have had similar responsibilities for a minimum of one year.

Number of years/months of experience in the foodservice industry: _____

Do you or your company receive any monetary benefit or other consideration from the sale or promotion of equipment or other product?

Yes No

If yes, please explain: _____

**PROFESSIONAL
& SENIOR
ASSOCIATE
CATEGORIES**

HIGHEST LEVEL OF EDUCATION

College/Professional School: _____
City: _____ State/Province: _____ Country: _____
Degree: _____ Major: _____

EMPLOYMENT HISTORY *(begin with most recent)*

Dates – To _____
From _____

1. Former Employer/Business Name: _____

Please give a brief statement about this employer's business:

Address: _____

Contact Person: Mr. _____
 Ms. _____

Your Title: _____

Responsibilities: _____

Dates – To _____
From _____

2. Former Employer/Business Name: _____

Please give a brief statement about this employer's business:

Address: _____

Contact Person: Mr. _____
 Ms. _____

Your Title: _____

Responsibilities: _____

YOU MAY WISH TO ATTACH A RESUME OR A SEPARATE SHEET WITH ADDITIONAL EMPLOYMENT HISTORY.

Client references must be based on assignments undertaken as an independent consultant

ASSIGNMENT/PROJECT REFERENCE #1 (MANDATORY)

Assignment/Project Name: _____

Client Firm: _____

Client's Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Name a reference on this project: Mr. _____
 Ms. _____

Title: _____

Phone: _____ Fax: _____ E-mail: _____

Type of Project: _____ Date Completed: _____

What services did you personally provide on this project?

ASSIGNMENT/PROJECT REFERENCE #2 (MANDATORY)

Assignment/Project Name: _____

Client Firm: _____

Client's Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Name a reference on this project: Mr.
Ms. _____

Title: _____

Phone: _____ Fax: _____ E-mail: _____

Type of Project: _____ Date Completed: _____

What services did you personally provide on this project?

_____**ASSIGNMENT/PROJECT REFERENCE #3 (MANDATORY FOR PROFESSIONAL MEMBER APPLICANTS ONLY)**

Assignment/Project Name: _____

Client Firm: _____

Client's Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Name a reference on this project: Mr.
Ms. _____

Title: _____

Phone: _____ Fax: _____ E-mail: _____

Type of Project: _____ Date Completed: _____

What services did you personally provide on this project?

_____**PLEASE INCLUDE ANY BROCHURES/PUBLICATIONS ABOUT THESE PROJECTS, IF AVAILABLE.****ENDORSEMENTS**

As defined by the FCSI Bylaws, Article III, Section 1A, i and ii, Professional and Senior Associate applicants must be supported in their application by two existing FCSI Professional Members. These endorsers may not be employers, employees or partners. This support may either take the form of references from members with knowledge of the applicant or by interview.

If the application can provide references from two Professional members, please provide those names below. They will be contacted by FCSI staff and forwarded an endorsement form. If an applicant cannot provide the names of two Professional members, FCSI will arrange interviews between the applicants and FCSI member to secure the needed endorsements.

Name(s) of Endorser: (must be current FCSI Professional members)

1. _____

2. _____

CONSULTING SERVICES OFFERED

PLEASE CHECK ALL SERVICES THAT YOU PROVIDE:

- Accounting & Controls
- Architectural Design
- Business Strategy
- Concept Development
- Design of Kitchens/Food Production Facilities
- Dietary
- Distribution & Procurement
- Energy & Environment
- Finance Raising/Corporate Finance
- Food Safety & Hygiene
- Franchising
- Human Resources
- Interior Design
- IT Systems
- Laundry Design
- Legal Advice & Litigation Support
- Management Recruitment & Development
- Market & Financial Feasibility Studies
- Marketing & Promotion
- Menu & Recipe Development
- Operating Procedures & Systems
- Operations Review & Re-Engineering
- Operator RFP's, Appointment & Monitoring
- Quality Management
- Training
- Other _____

WHAT TYPES OF PROJECTS DO YOU HANDLE?

- Airport Facilities
- Amusement & Theme Parks
- Branded Concepts
- Business & Industry Foodservice
- Casinos
- Casual/Theme Restaurants
- Clubs
- Colleges/Universities
- Convention Centers
- Correctional Facilities
- Cruise Lines
- Family Restaurants
- Fast Food Restaurants
- Fine Dining
- Hospitals/Healthcare
- Hotels/Motels
- Inflight Catering
- Primary & Secondary Schools
- Resorts
- Retail
- Sports Arenas
- Supermarkets
- Other _____

METHOD OF PAYMENT

You will be billed once your application has been approved. Payment can be made by bank TT transfer or credit card. All funds must be settled in Australian dollars.

ACKNOWLEDGEMENT

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 FCSI's Code of 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, members and employees 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 Bylaws, Article III, Sections 1A, i and ii.

Signature _____ Date _____

**FOR ASSOCIATE MEMBERSHIP, USE FORM B.
FOR ALLIED MEMBERSHIP, USE FORM C.
FOR STUDENT MEMBERSHIP, USE FORM D.
FOR AFFILIATE MEMBERSHIP, USE FORM E.**