



Application

FOR STUDENT MEMBERSHIP

FORM D

ASIA PACIFIC DIVISION

FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL

FCSI APD Secretariat

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

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STUDENT MEMBERSHIP

This application is for students attending an accredited institution of higher learning and enrolled in a foodservice or hospitality related course of study.

GENERAL INFORMATION

(Please type or print legibly)

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

Residential Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____

Date of Birth (Optional): _____

School: _____

School Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

School Website: _____

Course of Study / Major: _____

How did you hear about FCSI? _____

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.

Student Dues: \$25.00 AU annually

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 completed 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.

Signature _____ Date _____

FOR PROFESSIONAL OR SENIOR ASSOCIATE MEMBERSHIP, USE FORM A.

FOR ASSOCIATE MEMBERSHIP, USE FORM B.

FOR ALLIED MEMBERSHIP, USE FORM C.

FOR AFFILIATE MEMBERSHIP, USE FORM E.