



2023 Application

FOR CORPORATE MEMBERSHIP AND EDUCATION PROVIDER

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

FORM C

Application also available on our Website, located at: 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 \$2,465 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 # _____

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 _____