

APPLICATIONFOR PROFESSIONAL

& SENIOR ASSOCIATE

NEDERLAND

FCSI NEDERLAND

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5364 NP Escharen
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FORM A

GENERAL	o Mr / o Ms.	Last N	ame	First Name	Middle Initial			
INFORMATION	Membe	rship	o Professional	o	Senior Associate			
	Catego	ry:	o Upgrade from	to				
(Please type or	Title or	Position						
print legibly)	Compai	ny						
	Street A	ddress						
	City							
	Postal (Code		_ Country				
	Telepho	ne		_ Fax				
	Email			_ _ Company Webs	ite			
	Date of	Birth (op	tional)					
	How did	d you hea	ar about FCSI?					
	Referre	d by (Na	me & Company)					
	processing fee is due with Professional and Senior Associate applications. After acceptance, you will be billed for annual dues. All funds must be in Euro.							
			nior Associate Dues:	•				
ACKNOWLEDMENT	I agree that all information given FCSI Europe is complete and correct. I further agree to							
	provide additional information, if requested by FCSI Europe. I shall conduct my activities							
	in accordance with FCSI's Objectives and FCSI's Code of Ethics. I further waive and							
	release all claims, demands and actions that I now or in the future may have against							
	FCSI Europe, is 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 By-Laws, Article 4.1.1. and 4.1.2.							
	Date		Signatur	- -				

HIGHEST LEVEL OF EDUCATION

	College/Professiona	al					
	School						
	City	Country					
	Degree						
Dates To	<u> </u>						
From							
	EXPERIENCE						
	Number of years/m	onths of experience as a consultant					
	Number of years/months of experience in the foodservice						
	industry						
	Do you or your com	pany receive any monetary benefit or other consideration					
	from the sale or pro	motion of equipment or other product? o Yes o No					
	If yes, please						
	explain:						
							
	EMPLOYMENT HIS	STORY (begin with most recent)					
	LINIFLOTINILINI	TOKT (begin with most recent)					
Dates To	1. Former Employ	ver/Rusiness					
Dates 10	Name	yen/Dusiness					
From	Address						
110111	Addicss						
	Contact Person						
	Your Title	<u> </u>					
	Responsibilitie	S					
Detec To	2 Former Employ	vor/Duningge					
Dates To	2. Former Employ	yer/Business					
<u> </u>	Name						
From							
	Contact Person	າ					
	Your Title						
	Responsibilitie	S					

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

ASSIGNMENT / PROJECT REFERENCE # 1 (MANDATORY)

PROFESSIONAL	Assignment/Project						
	Name						
& SENIOR	Client Firm						
ASSOCIATE	Client's Address						
CATEGORIES	City	State/Provinc					
		e					
(Continued)	Postal Code	Country					
	Name a reference on this						
	project						
	Title						
	Phone	Fax					
	Type of Project						
	Size of Project						
	Your title on this project						
	Date Completed						
	PLEASE INCLUDE ANY BROCHURES / PUB	LICATIONS ABOUT THIS PROJECT, IF					
	ASSIGNMENT / PROJECT REFERENCE # 2 (FOR PROFESSIONAL APPLICANTS ONLY) Project Name						
	Client Firm						
	Client's Address						
	City						
	Postal Code	Country					
	Name a reference on this						
	project						
	Title						
	Phone	 Fax					
	Phone Type of Project	Fax					
		Fax					
	Type of Project	Fax					
	Type of Project Size of Project	Fax					

PLEASE INCLUDE ANY BROCHURES / PUBLICATIONS ABOUT THIS PROJECT, IF AVAILABLE.

CONSULTING SERVICES OFFERED

PLEASE CHECK ALL SERVICES THAT YOU PROVIDE

Accounting & Controls Interior Design Architectural Design IT Systems o O **Business Strategy** Legal Advice & Litigation o Support Management Recruitment & Concept Development Development Design of Kitchens/Food Market & Financial Feasibility Production Facilities Studies Dietary Marketing + Promotion Distribution & Procurement Menu & Recipe Development o Operating Procedures & **Energy & Environment** Systems Operations Review & Re-Finance Raising/Corporate Finance Engineering Food Safety & Hygiene Operator Request for Proposal, o Appointment & Monitoring Franchising 0 **Human Resources** Training Other

PLEASE INDICATE THE TYPE OF PROJECTS WHICH YOU TYPICALLY HANDLE

o	Airport facilities	o	Family restaurants
o	Amusement & theme parks	o	Fast food restaurants
o	Branded concepts	o	Fine dining
o	Business & industry foodservice	o	Hospitals/Healthcare
o	Casinos	o	Hotels/Motels
o	Casual/Theme restaurants	o	Primary/Secondary School
o	Clubs	o	Resorts
o	Colleges/Universities	o	Retail
o	Convenience stores	o	Sports arenas
o	Convention centers	o	Supermarkets
o	Correctional facilities	o	Other (specify)

Cruise lines

Do you want to receive manufacturers' mailings?

O Yes O No
Do you want to receive Society information by fax?

O Yes O No