



# Application

## FOR ASSOCIATE MEMBERSHIP

### FORM B

#### ASIA PACIFIC DIVISION

#### FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL

#### FCSI APD Secretaria

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

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## ASSOCIATE MEMBERSHIP

This application is for individuals currently employed in a capacity that can serve as partial qualification for more advanced consultant membership – Professional and Senior Associate.

## GENERAL INFORMATION

(Please type or print legibly)

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

Title or Position: \_\_\_\_\_

Organization (Company): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Company Website: \_\_\_\_\_

Date of Birth (Optional): \_\_\_\_\_

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.

Associate Dues:

\$205.00 AU annually for the first two years

\$295.00 AU annually thereafter

An application processing fee of \$85.00 AU will also be charged upon membership acceptance.

## ASSOCIATE CATEGORY ONLY

Please give a brief statement about your employer's business: \_\_\_\_\_

Please give a brief statement about your duties/responsibilities: \_\_\_\_\_

Do you or your company receive any monetary benefit or other consideration from the sale or promotion of equipment or other products?  Yes  No

If yes, please explain. \_\_\_\_\_

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## 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.

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## 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.

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, Section 1A iii.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR PROFESSIONAL OR SENIOR ASSOCIATE MEMBERSHIP, USE FORM A.  
FOR ALLIED MEMBERSHIP, USE FORM C.  
FOR STUDENT MEMBERSHIP, USE FORM D.  
FOR AFFILIATE MEMBERSHIP, USE FORM E.**