



Application

FOR CORPORATE & INDIVIDUAL ALLIED MEMBERSHIP

FORM C

ASIA PACIFIC DIVISION

FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL

FCSI APD Secretariat

All correspondence to:

APD Secretariat PO Box 576, Crows Nest, NSW 1585

(Australia) Tel: (+61) 02 9431 8678 Email: apd@fcsi.org

ALLIED MEMBERSHIP

This application is for companies or individuals who provide products and/or services to the foodservice industry. **Corporate Membership** is in the name of the company and entitles the company to two representatives who will receive all Society mailings.

Individual Allied Membership is intended for companies who wish to have additional representatives involved in Society activities or industry representatives serving as dealers, manufacturer reps, distributors, etc.

DUES

The FCSI dues year begins January 1. Dues for the first year are pro-rated based on the month in which you join.

Annual dues (in Australian dollars) for **Corporate Members** are based upon your company's annual sales volume (in Australian dollars), per the following schedule:

Annual Sales Volume	Dues
Under \$7.45 million	\$1,700
\$7.46 to \$14.9 million	\$2,295
\$14.91 to \$36.3 million	\$2,600
Over \$36.31 million	\$3,115

If applying for corporate membership, please circle appropriate dues category.

Individual Allied Member dues: \$3,115 AU annually

An application processing fee of \$165.00 AU will also be charged in the case of new Corporate Member.

CORPORATE AND INDIVIDUAL ALLIED CATEGORIES ONLY

Please check your appropriate category:

- Computer Software/Hardware Manufacturer
- Dealer/Distributor
- Equipment Manufacturer
- Food Manufacturer/Processor
- Manufacturer's Agent
- Other _____

GENERAL

INFORMATION

(Please type or print legibly)

Membership Category: Corporate

Individual Allied

Mr. Organization (Company): _____

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

Title or Position: _____

Current Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____ Company Website: _____

Second Representative (Corporate Membership Only)

Mr.

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

Title or Position: _____

Current Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____ Company Website: _____

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 STUDENT MEMBERSHIP, USE FORM D.
FOR AFFILIATE MEMBERSHIP, USE FORM E.**