



Application

FOR AFFILIATE MEMBERSHIP

ASIA PACIFIC DIVISION
FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL

FORM E

FCSI APD Secretariat

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

Tel: +61 2 9431 8678 Fax: +61 2 9986 3177 E-mail: apd@fcsi.org

AFFILIATE MEMBERSHIP

Affiliate membership is available to companies and individuals that operate, manage or provide professional services or education relating to the management of foodservice or hospitality facilities.

GENERAL INFORMATION

(Please type or print legibly)

Mr.

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

Title or Position: _____

Company: _____

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____ Company Website: _____

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.

Affiliate Dues: \$245.00 AU annually

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

EMPLOYER INFORMATION

(Please type or print legibly)

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

Please give a brief statement about your duties/responsibilities: _____

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 STUDENT MEMBERSHIP, USE FORM D**