



# 2023 Application

## FOR ASSOCIATE MEMBERSHIP

FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL

3309 Robbins Road #171

Springfield, IL 62704-6587

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**FORM B**

Application also available on our Website, located at: [www.fcsi.org/?ConsultantMembers](http://www.fcsi.org/?ConsultantMembers)

### Associate Membership

This application is for individuals currently employed as independent consultants in the foodservice industry. Employees engaged in similar design activities who are employed by Manufacturers, Dealers, or Dealer Affiliates should use the Corporate Membership application.

**Do you or your company receive any monetary benefit or other consideration from the sale or promotion of equipment or other product?**

Yes  No If yes, please explain: \_\_\_\_\_

**Do you have ownership in any other companies that receive any monetary benefit or other consideration from the sale or promotion of equipment or other product?**

Yes  No If yes, what is the company name? \_\_\_\_\_  
What percentage ownership? \_\_\_\_\_

### General Information

(Please type or print legibly)

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

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

Please indicate the statement that best fits your current consulting focus:

I offer design consulting services  I offer MAS consulting services  I offer both

Company: \_\_\_\_\_

Length of Time with this company: \_\_\_\_\_ years \_\_\_\_\_ months

Please give a brief description of your current role within the company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

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

How did you hear about FCSI? \_\_\_\_\_

# Education and Employment History

## HIGHEST LEVEL OF EDUCATION

College/Professional School: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province \_\_\_\_\_ Country: \_\_\_\_\_  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_

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## EMPLOYMENT HISTORY *(begin with most recent)*

Dates: From \_\_\_\_\_  
To \_\_\_\_\_

Former Employer/Business Name: \_\_\_\_\_  
Please give a brief statement about this employer’s business: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates: From \_\_\_\_\_  
To \_\_\_\_\_

## EMPLOYMENT HISTORY

Former Employer/Business Name: \_\_\_\_\_  
Please give a brief statement about this employer’s business: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Experience

Number of years/months of experience as a consultant: \_\_\_\_\_  
Number of years/months of experience in the foodservice industry: \_\_\_\_\_

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## 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, bylaws and 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, 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 \_\_\_\_\_

## Dues

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

Membership in FCSI is recorded in the name of the individual. A non-refundable processing fee is due with Associate member applications. All funds must be in U.S. Dollars.

**Application Fee:** \$50 due with application

**Associate Dues:** \$290 annually

## Method of Payment for Application Fee and Year One Dues

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 # \_\_\_\_\_

## Consulting Services Offered

PLEASE CHECK ALL SERVICES THAT YOU PROVIDE:

- Accounting & Financial Controls
- Alcohol Licensing
- Business Strategy
- Concept Development
- Contract Management
- Dietary & Nutrition
- Distribution & Procurement
- Energy & Environment
- Finance Raising/Corporate Finance
- Food Safety & Hygiene
- Food Service Merchandising
- Franchising
- Human Resources
- Information Technology
- Interior Design
- ITT (Catering Business)
- Kitchen Design
- Laundry Design
- Litigation Support/Expert Witness
- Management Recruitment & Development
- Marketing & Promotion
- Menu & Recipe Development
- Operating Procedure & Systems
- Operations Review
- Quality Management
- Sustainability
- Training
- Other \_\_\_\_\_

## Market Segments

WHAT TYPES OF PROJECTS DO YOU HANDLE?

- Airport Facilities
- Amusement & Theme Parks
- Armed Forces
- Branded Concepts
- Business & Industry Foodservice
- Casinos
- Clubs
- Colleges/Universities
- Convenience Stores
- Correctional Facilities/Prisons
- Cruise Lines
- Family Restaurants
- Fast Casual
- Fine Dining
- Government Services
- Hospitals/Healthcare
- Hotels/Motels
- In Flight Catering
- Leisure Facilities
- Museums/Performing Arts Venues
- Primary & Secondary Schools
- Quick Service Restaurants
- Residential Care
- Resorts
- Retail
- Sports Arenas
- Supermarkets
- Tourism
- Transport
- Other \_\_\_\_\_