



Application

FOR AFFILIATE MEMBERSHIP

FORM F

FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL

5004 Francesco Lane

Bloomington, IL 61705

Phone 309.808.2165 • Fax 309.585.2992 • E-mail: Penny@fcsi.org

Application also available on our Website, located at: www.fcsi.org/?ConsultantMembers

Affiliate Membership

Affiliate membership is open to full time hospitality and culinary educators, not-for-profit organizations that provide research and/or education for the betterment of the foodservice industry and industry managers/operators/chefs who have an interest in the consulting profession.

There are two options within this category:

1. those who consult less than 60% of their time for whom dues will be \$325 per annum (beginning in 2010 – subject to increases in future years)
2. those who consult 60% or more of their time for whom dues will be the same as that as Senior Associate members of FCSI

General Information

(Please type or print legibly)

Mr. Last Name: _____ First Name: _____ Middle Initial: _____

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 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. All funds must be in U.S. Dollars. Please include first year dues with application.

Affiliate Dues: Option 1: \$325

Option 2: \$400

Employer Information

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

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

Method of Payment

Check (included – make payable to *FCSI–The Americas*)

Credit Card (please check one): Visa MasterCard American Express

Card Number: _____

Expiration Date: _____ CVV # _____

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 and the 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, trustees, 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 _____

**FOR SENIOR ASSOCIATE MEMBERSHIP, USE FORM A.
FOR ASSOCIATE MEMBERSHIP, USE FORM B.
FOR CORPORATE MEMBERSHIP, USE FORM C.
FOR INDIVIDUAL ALLIED MEMBERSHIP, USE FORM D.
FOR STUDENT MEMBERSHIP, USE FORM E.**