



# 2025 Application

FOR CORPORATE MEMBERSHIP AND EDUCATION PROVIDER  
**FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL**

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Normal, IL 61761

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## FORM C

### Corporate Membership

This membership is structured for manufacturers and suppliers of products and services specific to the commercial/institutional foodservice/hospitality industry.

In the event that one of the corporate representatives leaves the company, the Corporate Member has a right to re-assign the membership for the balance of the term. Corporate members are entitled to advertise and/ or sponsor official FCSI events. Additional corporate representatives should apply for Individual Allied Membership.

### Dues

Corporate Membership dues are \$2,540 annually (subject to increase in future years). The FCSI dues year begins January 1. Dues may be pro-rated the first year based on the month in which you join. Corporate Members are automatically enrolled in the Education Provider Program at no additional cost.

### General Information

(Please type or print legibly)

#### Required: Primary Representative (Corporate Designate)

- Mr.
- Ms

Company:

Last Name:  First Name:  Middle Initial:

Title or Position:

Street Address:

City:  State/Province:

Zip/Postal Code:  Country:

Office Phone:  Mobile Phone:

E-mail:  Company Website:

by providing your email address you are agreeing to receive electronic communication from FCSI and its corporate members/allied organizations

#### Optional: Secondary Representative (Corporate Alternate)

- Mr.
- Ms

Last Name:  First Name:  Middle Initial:

Title or Position:

Street Address:

City:  State/Province:

Zip/Postal Code:  Country:

Office Phone:  Mobile Phone:

E-mail:  Company Website:

by providing your email address you are agreeing to receive electronic communication from FCSI and its corporate members/allied organizations

## General Information (continued)

(Please type or print legibly)

### Optional: Third Representative (Corporate Alternate2)

Company:

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

Title or Position:

Street Address:

City:  State/Province:

Zip/Postal Code:  Country:

Office Phone:  Mobile Phone:

E-mail:  Company Website:

by providing your email address you are agreeing to receive electronic communication from FCSI and its corporate members/allied organizations

## Product Categories **Please check your appropriate category:**

- |  |  |
|--|--|
| <input type="checkbox"/> Bakery Equipment                          | <input type="checkbox"/> Insect Light Traps  |
| <input type="checkbox"/> Bar Structures                            | <input type="checkbox"/> Kiosks  |
| <input type="checkbox"/> Beverage Systems                          | <input type="checkbox"/> Marketing & Public Relations Services                     |
| <input type="checkbox"/> Blast Chillers/Freezers                   | <input type="checkbox"/> Merchandisers   |
| <input type="checkbox"/> Blenders                                  | <input type="checkbox"/> Ovens (Deck/Convention/Combi/Conveyor)                    |
| <input type="checkbox"/> Broilers                                  | <input type="checkbox"/> Plumbing Systems/Equipment/Hardware                       |
| <input type="checkbox"/> Cabinets                                  | <input type="checkbox"/> Ranges (Gas, Electric, Induction)                         |
| <input type="checkbox"/> Cart and Rack Washers                     | <input type="checkbox"/> Refrigerated Display Cases                                |
| <input type="checkbox"/> Carts                                     | <input type="checkbox"/> Refrigeration Systems                                     |
| <input type="checkbox"/> Coffee Equipment                          | <input type="checkbox"/> Refrigerators/Freezers (Reach-in, Under-counter, Walk-in) |
| <input type="checkbox"/> Cook/Chill Systems                        | <input type="checkbox"/> Roller Grills/ Bun Warmers                                |
| <input type="checkbox"/> Culinary Heat Lamps                       | <input type="checkbox"/> Safety Systems  |
| <input type="checkbox"/> Custom Fabrication (Stainless & Millwork) | <input type="checkbox"/> Sanitization Products/systems                             |
| <input type="checkbox"/> Beverage Systems                          | <input type="checkbox"/> Shelving Systems  |
| <input type="checkbox"/> Cold Plates                               | <input type="checkbox"/> Soft Serve Equipment                                      |
| <input type="checkbox"/> Conveyor Systems                          | <input type="checkbox"/> Software Systems  |
| <input type="checkbox"/> Displays                                  | <input type="checkbox"/> Steamers  |
| <input type="checkbox"/> Doors                                     | <input type="checkbox"/> Storage   |
| <input type="checkbox"/> Drive Thru/Pass Thru Windows/Curtains     | <input type="checkbox"/> Temporary/Interim Kitchens                                |
| <input type="checkbox"/> Fabrication Hardware                      | <input type="checkbox"/> Vegetable Washers and Dryers                              |
| <input type="checkbox"/> Food Guards                               | <input type="checkbox"/> Ware Handling Systems                                     |
| <input type="checkbox"/> Food Holding Containers                   | <input type="checkbox"/> Warewashers   |
| <input type="checkbox"/> Food Processing Machines                  | <input type="checkbox"/> Waste Disposal Systems                                    |
| <input type="checkbox"/> Fryers and Fryer Filters                  | <input type="checkbox"/> Water Heaters   |
| <input type="checkbox"/> Furniture/Fixtures                        | <input type="checkbox"/> Water Purification Systems                                |
| <input type="checkbox"/> Griddles                                  | <input type="checkbox"/> Work Tables/Sinks   |
| <input type="checkbox"/> Grills                                    | <input type="checkbox"/> Ventilation and Fire Suppression Systems                  |
| <input type="checkbox"/> Ice Machines and Dispensers               | <input type="checkbox"/> Other <input type="text"/>                                |
| <input type="checkbox"/> Information/POS/Alarm Systems             |  |

## Method of Payment

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 #

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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 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