



2025 Application

FOR PROFESSIONAL MEMBERSHIP UPGRADE

FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL THE AMERICAS

1900 E. College Avenue, Suite A401
Normal, IL 61761
Phone 309.808.2165 Fax 309.585.2992
E-mail: Penny@fcsi.org
www.fcsita.org

FORM I

Professional Membership Upgrade

This application is intended for current Senior Associate members who are ready to upgrade to Professional membership and earn their FCSI designation. Upgrade to Professional member status is contingent upon passing the Industry Knowledge Exam and approval of the Board of the FCSI The Americas Board of Trustees.

Applicants for Professional membership must have a minimum of 5 years experience in the foodservice/hospitality industry, including a minimum of 2 years as a foodservice/hospitality consultant with total project management responsibility (management of projects from proposal to completion)

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

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(s)?

Yes No

If yes, what is the company name?

What percentage ownership do you have?

General Information

(Please type or print legibly)

- Mr.
 Ms.

Last Name: First Name: Middle Initial:

Title or Position:

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:

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

Date of Birth (optional):

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

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

**Education and
Employment
History**

HIGHEST LEVEL OF EDUCATION

College/Professional School:

City: State/Province: Country:

Degree: Major:

Dates: From

To

1. EMPLOYMENT HISTORY (begin with most recent)

Former Employer/Business Name:

Please give a brief statement about this employer's business:

Address:

Contact Person:

Your Title:

Responsibilities:

Dates: From

To

2. Former Employer/Business Name:

Please give a brief statement about this employer's business:

Address:

Contact Person:

Your Title:

Responsibilities:

You may wish to attach a resume or a separate sheet with additional employment history.

Experience

Years of experience in the foodservice/hospitality industry:

Years of experience as a foodservice consultant:

Years of experience as a foodservice consultant with total project management responsibility:

**Industry
Knowledge
Exam**

As defined by the FCSI The Americas governing documents, applicants for Professional membership must pass the Industry Knowledge Exam and be approved by the Board of Trustees to complete the Professional Membership Process and earn FCSI Professional Designation.

Upon approval of this application, you will receive information about the IKE Body of Knowledge and study materials and will be eligible to take the exam at any time. The cost of the exam and one retake are included in the Professional Membership upgrade fee - you will be responsible for the cost of any additional exam attempts and/or no-show testing fees.

Acknowledgement

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 my 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 and Upgrade Fee

A \$399 Professional Membership upgrade fee is due with the application. If you were approved as a Senior Associate in the last 12 months, your \$200 Senior Associate application fee will be applied to your Professional Membership upgrade fee.

Professional Membership Dues: \$580 annually

Method of Payment for Upgrade Fee and Year One Dues

Check (included – make payable to FCSI The Americas)

Credit Card (check one): Visa MasterCard American Express

Name on Card:

Card Number:

Expiration Date: