



2024 Application

FOR ASSOCIATE MEMBERSHIP

FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL THE AMERICAS

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Normal, IL 61761
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FORM B

Associate Membership

This application is intended for consultants employed with an independent foodservice/hospitality consulting firm (minimum of 3 months required). Applicants engaged in similar design activities who are employed by manufacturers, dealers, or dealer affiliates should use the application for Corporate Membership.

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? _____

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 services

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): _____

How did you hear about FCSI? _____

Education and Employment History

HIGHEST LEVEL OF EDUCATION

College/Professional School: _____
City: _____ State/Province _____ Country: _____
Degree: _____ Major: _____

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: _____

Experience

Years/months as a foodservice/hospitality consultant: _____
Years/months of experience in the foodservice/hospitality industry: _____

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 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

FCSI Associate Membership is recorded in the name of the individual.
The FCSI dues year begins January 1. Dues may be pro-rated the first year based on the month your membership is approved. A non-refundable processing fee is due with the application.
All payments must be in U.S. dollars.

Application Fee: \$50 due with application
Associate Dues: \$299 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 _____