



# 2026 Application FOR SENIOR ASSOCIATE MEMBERSHIP

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](mailto:Penny@fcsi.org)  
[www.fcsi.org](http://www.fcsi.org)

## FORM A

### Senior Associate Membership

This application is intended for individuals who have established themselves as a practicing independent foodservice/hospitality consultant.

Senior Associates must have a minimum of 3 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). 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 do you have? \_\_\_\_\_

**Are you now or have you ever been a member of another Division of FCSI?  Yes  No**

### General Information

(Please type or print legibly)

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

Ms.

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: \_\_\_\_\_

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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Former Employer/Business Name: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

Your Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

To \_\_\_\_\_

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

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## 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: \_\_\_\_\_

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**PROJECT/CLIENT REFERENCE # 1** Projects must be assignments undertaken as an independent consultant and completed within the last three years.

Assignment/Project Name: \_\_\_\_\_

Client Firm: \_\_\_\_\_

Client's Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact person on this project: \_\_\_\_\_

Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Project: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Describe the scope of work and services you provided: \_\_\_\_\_

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

**PROJECT/CLIENT REFERENCE # 2** Projects must be assignments undertaken as an independent consultant and completed within the last three years.

Assignment/Project Name: \_\_\_\_\_

Client Firm: \_\_\_\_\_

Client's Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact person on this project: \_\_\_\_\_

Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Project: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Describe the scope of work and services you provided: \_\_\_\_\_

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

**PROJECT/CLIENT REFERENCE # 3** Projects must be assignments undertaken as an independent consultant and completed within the last three years.

Assignment/Project Name: \_\_\_\_\_

Client Firm: \_\_\_\_\_

Client's Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact person on this project: \_\_\_\_\_

Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Project: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Describe the scope of work and services you provided: \_\_\_\_\_

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

## 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 \_\_\_\_\_

## 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 and Application Fee

The FCSI dues year begins January 1. Dues may be pro-rated the first year based on the month your membership is approved.

A \$200 non-refundable application fee is due with the application.

If you upgrade to Professional Membership within 12 months of being approved as a Senior Associate, your Senior Associate application fee will be applied to the \$399 Professional Membership upgrade fee.

Senior Associate Membership Dues: \$490 annually

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## 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 # \_\_\_\_\_