



2026 Application

FOR CORPORATE MEMBERSHIP AND EDUCATION PROVIDER

FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL THE AMERICAS

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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 and Application Fee

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. A \$250 application fee will be assessed upon membership approval

General Information

(Please type or print legibly)

Required: Primary Representative (Corporate Designate)

Company: _____

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

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

Title or Position: _____

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Office Phone: _____ Mobile Phone: _____

E-mail: _____ Company Website: _____

General Information (continued)

(Please type or print legibly)

Optional: Third Representative (Corporate Alternate2)

Company: _____

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

Title or Position: _____

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Office Phone: _____ Mobile Phone: _____

E-mail: _____ Company Website: _____

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="checkbox"/> Information/POS/Alarm Systems | |

Method of Payment for Dues and Application Fee

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 # _____

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 _____