



2026 Application

EMERITUS MEMBERSHIP

FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL THE AMERICAS

1900 E. College Avenue, Suite A401

Normal, IL 61761

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www.fcsita.org

FORM H

General Information

(Please type or print legibly)

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

Ms. Title or Position: _____

Company: _____

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Mobile: _____

E-mail: _____ Company Website: _____

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

Request for Emeritus Membership

Written Request to the Board for Emeritus Membership below - be sure to include date of official retirement and sale of your firm if applicable:

Per the FCSI TA Bylaws, Emeritus Membership is defined as a Professional Member in good standing who has retired from active practice and no longer is involved, in any way, in the solicitation, provision or sale of services in the foodservice industry. Emeritus Members may use the designation "FCSI Emeritus." or FCSI (EM). They shall not have the right to vote or serve as an Officer or Director.

I have read and understand the terms of Emeritus Membership and agree that I qualify for this membership type as outlined above.

Signature _____ Date _____

Dues

Emeritus dues are \$85 annually

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 # _____

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 _____

You will be notified of your membership status pending Board approval.