



2024 Application

FOR PROFESSIONAL MEMBERSHIP UPGRADE

FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL THE AMERICAS

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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. 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: _____

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 were included with your Senior Associate application - you will be responsible for the cost of any additional exam attempts and/or no-show testing fees.

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