



# 2024 Application

## FOR AFFILIATE MEMBERSHIP

### FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL

1900 E. College Ave,

Suite A401

Normal, IL 61761

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[www.fcsi.org](http://www.fcsi.org)

Application also available on our Website, located at: [www.fcsi.org/ConsultantMembers](http://www.fcsi.org/ConsultantMembers)

## FORM F

### Affiliate Membership

Affiliate membership is open to full-time hospitality and culinary educators, not-for-profit organizations that provide research and/or education for the betterment of the foodservice industry and industry managers/operators/chefs who have an interest in the consulting profession.

### General Information

(Please type or print legibly)

Mr.

Ms

Last Name:

First Name:

Middle Initial:

Title or Position:

Company:

Country:

State/Province:

Street Address:

Mobile Phone:

City:

Company Website:

Zip/Postal Code:

Office Phone:

E-mail:

How did you hear about FCSI?

### Employer Information

Please give a brief statement about your employer's business:

Please give a brief statement about your duties/responsibilities:

## Dues

The FCSI dues year begins January 1. Dues are pro-rated the first year based on the month in which you join.

Membership in FCSI is recorded in the name of the individual. All funds must be in U.S. Dollars. Please include first year dues with application.

**Affiliate Dues:** \$490

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

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