

# **2024 Application**

FOR CORPORATE MEMBERSHIP AND EDUCATION PROVIDER

FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL 1900 E. College Ave, Suite A401 Normal, IL 61761 Phone 309.808.2165 • Fax 309.585.2992 • E-mail: Penny@fcsi.org **FORM C** www.fcsi.org Application also available on our Website, located at: www.fcsi.org/?ConsultantMembers This membership is structured for manufacturers and suppliers of products and services specific Corporate to the commercial/institutional foodservice/hospitality industry. Membership 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. Corporate Membership dues are \$2,540 annually (subject to increase in future years). The FCSI Dues 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. **Required: Primary Representative (Corporate Designate)** General 🗆 Mr. Information Company: □ Ms (Please type or print legibly) Last Name: First Name: Middle Initial: Title or Position: Street Address: City: State/Province: Zip/Postal Code: Country: Office Phone: Mobile Phone: E-mail: **Company Website: 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	Optional: Third Representative (Corporate Alternate2) Company:			
Information (continued) (Please type or print legibly)				
	□ Mr. □ Ms. Last Name:	First Name:	Middle Initial:	
	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:

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	🗆 Bakery Equipment	□Insect Light Traps
	Bar Structures	□Kiosks
	🗆 Beverage Systems	Marketing & Public Relations Services
	Blast Chillers/Freezers	Merchandisers
	Blenders	Ovens (Deck/Convention/Combi/Conveyor)
	Broilers	Plumbing Systems/Equipment/Hardware
	🗆 Cabinets	Ranges (Gas, Electric, Induction)
	Cart and Rack Washers	Refrigerated Display Cases
	Carts	Refrigeration Systems
	🗆 Coffee Equipment	🗆 Refrigerators/Freezers (Reach-in, Under-
	🗆 Cook/Chill Systems	counter, Walk-in)
	🗆 Culinary Heat Lamps	🗆 Roller Grills/ Bun Warmers
	Custom Fabrication (Stainless & Millwork)	□Safety Systems
	🗆 Beverage Systems	Sanitization Products/systems
	Cold Plates	□ Shelving Systems
	Conveyor Systems	□Soft Serve Equipment
	🗆 Displays	□Software Systems
	Doors	□Steamers
	Drive Thru/Pass Thru Windows/Curtains	□Storage
	Fabrication Hardware	Temporary/Interim Kitchens
	Food Guards	Vegetable Washers and Dryers
	Food Holding Containers	□Ware Handling Systems
	Food Processing Machines	□Warewashers
	Fryers and Fryer Filters	□Waste Disposal Systems
	Furniture/Fixtures	□Water Heaters
	Griddles	Water Purification Systems
	🗆 Grills	□Work Tables/Sinks
	Ice Machines and Dispensers	□ Ventilation and Fire Suppression Systems
	Information/POS/Alarm Systems	□Other

### **2024 Application** FOR CORPORATE MEMBERSHIP AND EDUCATION PROVIDER

Method of	□ Check (included – make payable to <i>FCSI–The Americαs</i> )		
Payment	□ Credit Card (please check one): □ Visa □ MasterCard □ A	merican 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