

2024 Application

FOR SENIOR ASSOCIATE MEMBERSHIP

FORM **A**

FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL THE AMERICAS

1900 E. College Avenue, Suite A401 Normal, IL 61761 Phone 309.808.2165 Fax 309.585.2992 E-mail: Penny@fcsi.org

Senior Associate Membership

This application is intended for individuals who have established themselves as a practicing independent foodservice/hospitality consultant.

Senior Associates must have a minimum of 3 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). Applicants engaged in similar design activities who are employed by manufacturers, dealers, or dealer affiliates should use the application for Corporate Membership.

			9	rities who are employed b In for Corporate Membersh	y manufacturers, dealers, or ip.
		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 own	nership do you have?	
General	☐ Mr.	Last Name:		First Name:	Middle Initial:
Information (Please type or print legibly)	☐ Ms.	Title or Position:			
		Company:			
		Length of Time w	vith this Company:	years	months
		Please give a brie	ef description of your	current role within the c	company:
		Street Address:			
				Ctata/Duayinga	7: n/Dostal Codo
		City: Country:		State/Province:	Zip/Postal Code:
		Office Phone:		Malatta Diagra	
				Mobile Phone:	
		E-mail: by providing your email address you are agreed	ing to receive electronic communication from FCSI and its co	Company Website:	
		Date of Birth (opt	tional):		

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

HIGHEST LEVEL OF EDUCATION

Employment	College/Professional Scho	ol:				
History	City:	State/Province	Country:			
	Degree:	Major:				
		ORY (begin with most recent)				
Dates: From To	Former Employer/Business Name: Please give a brief statement about this employer's business:					
	Contact Person:					
	Your Title:					
Dates: From To	Responsibilities:					
	·	s Name:				
	Please give a brief statement about this employer's business:					
	Address:					
	Contact Person:					
	Your Title:					
	Responsibilities:					
		ne or a separate sheet with additional employment h				
Experience	·	foodservice/hospitality industry:				
	Years of experience as a foodservice consultant:					
	Years of experience as a food	service consultant with total project manageme				

Endorsements

As defined by the FCSI The Americas governing documents, applicants for Senior Associate membership are required to obtain an endorsement from a Professional member of FCSI who is not a partner, co-worker, employer or employee of the applicant. When possible, applicants should secure endorsements from Professional members within their own area of focus (MAS applicants obtain endorsements from MAS Professional members and design applicants obtain endorsements from Professional members who specialize in design), or the applicant may secure an endorsement from a Professional member with whom they have previously worked on a project. In the event that the applicant can not secure an endorsement, he/she will be interviewed by two members of the Membership Committee.

Please choose one of the options below:

Name of Endorser:

Endorser must be a current FCSI Professional member in good standing who is not your partner, co-worker, employer or employee

I am unable to secure an endorsement - please arrange for an interview

Client references must be based on assignments undertaken as an independent consultant.

PROJECT/CLIENT REFERENCE # 1

Assignment/Project Name:			
Client Firm:			
	State/Province:		
Zip/Postal Code:			
Contact person on this project: _			
Title:			
Office Phone:	Mobile Phone:	E-mail:	
Type of Project:		Date Completed:	
Describe the scope of work and se	rvices you provided:		
PROJECT/CLIENT REFERENC	E#2		
Assignment/Project Name:			
		State/Province:	
		Country:	
Title:			
		E-mail:	
		Date Completed:	
Describe the scope of work and se	rvices you provided:		
PROJECT/CLIENT REFERENC	E#3		
Assignment/Project Name			
		State/Province:	
		Country:	
		,	
Title:			
		E-mail:	
		Date Completed:	

Consulting Services Offered		Market Segments	
PLEASE CHECK ALL SERVICES THAT YOU PROVIDE:		WHAT TYPES OF PROJECTS DO YOU HANDLE?	
PLEASE CHECK ALL SERVICES THAT YOU PROVIDE: Accounting & Financial Controls Alcohol Licensing Business Strategy Concept Development Contract Management Dietary & Nutrition Distribution & Procurement Finance Raising/Corporate Finance Food Safety & Hygiene Food Service Merchandising Human Resources Information Technology Interior Design ITT (Catering Business) Kitchen Design Luitigation Support/Expert Witness Management Recruitment & Development Marketing & Promotion Menu & Recipe Development Operating Procedure & Systems Operations Review Quality Management Sustainability Training Other		WHAT TYPES OF PROJECTS DO YOU HANDLE? Airport Facilities Amusement & Theme Parks Armed Forces Branded Concepts Business & Industry Foodservice Casinos Clubs Colleges/Universities Convenience Stores Correctional Facilities/Prisons Cruise Lines Family Restaurants Fast Casual Fine Dining Government Services Hospitals/Healthcare Hotels/Motels In Flight Catering Leisure Facilities Museums/Performing Arts Venues Primary & Secondary Schools Quick Service Restaurants Residential Care Resorts Retail Sports Arenas Supermarkets Tourism Transport	
Acknowledgment	cknowledgment I agree that all information given FCSI is complete and correct. I further agree to provious additional information if requested by FCSI. I shall conduct my activities in accordance FCSI's objectives, bylaws, and Code of Ethics and Professional Conduct. I further waive release all claims, demands and actions that I now or in the future may have against FC its officers, directors, members and management company for any act or omission in gor 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 ____

Dues

FCSI Associate Membership is recorded in the name of the individual. The FCSI dues year begins January 1. Dues may be pro-rated the first year based on the month your membership is approved. A non-refundable processing fee is due with the application. All payments must be in U.S. dollars.

Application Fee: \$200 due with application

includes your Industry Knowledge Exam testing fee when you upgrade to Professional Membership

Senior Associate Membership Dues: \$490 annually

Method of
Payment for
Application Fee
and Vear One Dues

☐ Check (included – make payable to FCSI The Americas)	
☐ Credit Card (please check one): ☐ Visa ☐ MasterCard ☐ Ameri	can Express
Name on Card:	
Card Number:	
Expiration Date: CV	V #