Application
FOR ASSOCIATE MEMBERSHIP

ASIA PACIFIC DIVISION
FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL
FCSI APD Secretariat
Suite 901 Level 9, The Hong Kong Club Building, 3A Chater Road, Central, Hong Kong
Tel: (852) 3125 7631 / Fax: (852) 3125 7632 / E-mail: apd@fcsi.org

ASSOCIATE MEMBERSHIP

This application is for individuals currently employed in a capacity that can serve as partial qualification for more advanced consultant membership – Professional and Senior Associate.

GENERAL INFORMATION
(Please type or print legibly)

□ Mr. □ Ms.

Last Name: ________________ First Name: ____________ Middle Initial: ___

Title or Position: ________________________________

Organization (Company): __________________________

Current Address: ________________________________

City: ___________________ State/Province: _____________

Zip/Postal Code: __________ Country: ___________________

Telephone: ________________ Fax: _________________

E-mail: ___________________ Company Website: __________

Date of Birth (Optional): __________________________

How did you hear about FCSI? _______________________

______________________________

DUES

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

Membership in FCSI is recorded in the name of the individual. All funds must be settled in Hong Kong dollars.

Associate Dues: HK$1080 annually for the first two years
                HK$1,570 annually thereafter

An application processing fee of HK$440 will also be charged upon membership acceptance.
Please give a brief statement about your employer’s business: __________
______________________________________________________________

Please give a brief statement about your duties/responsibilities: __________
______________________________________________________________

Do you or your company receive any monetary benefit or other consideration from the sale or promotion of equipment or other products? □ Yes □ No
If yes, please explain. ____________________________________________
______________________________________________________________

You will be billed once your application has been approved. Payment can be made by bank draft, bank TT transfer or credit card. All funds must be settled in Hong Kong dollars.

I agree that all information given FCSI is completed 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 FCSI’s Code of 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 employees 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 Bylaws, Article III, Section 1A iii.

Signature ____________________________ Date ______________