Application
FOR CORPORATE & INDIVIDUAL ALLIED 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

ALLIED MEMBERSHIP

This application is for companies or individuals who provide products and/or services to the foodservice industry. Corporate Membership is in the name of the company and entitles the company to two representatives who will receive all Society mailings.

Individual Allied Membership is intended for companies who wish to have additional representatives involved in Society activities or industry representatives serving as dealers, manufacturer reps, distributors, etc.

DUES

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

Annual dues (in Hong Kong dollars) for Corporate Members are based upon your company’s annual sales volume (in Hong Kong dollars), per the following schedule:

<table>
<thead>
<tr>
<th>Annual Sales Volume</th>
<th>Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $40 million</td>
<td>$9,000</td>
</tr>
<tr>
<td>$40,000,001 to $80 million</td>
<td>$12,300</td>
</tr>
<tr>
<td>$80,000,001 to $195 million</td>
<td>$13,950</td>
</tr>
<tr>
<td>Over $195 million</td>
<td>$16,700</td>
</tr>
</tbody>
</table>

If applying for corporate membership, please circle appropriate dues category.

Individual Allied Member dues: HK$3,850 annually

An application processing fee of HK$880 will also be charged in the case of new Corporate Member.

CORPORATE AND INDIVIDUAL ALLIED CATEGORIES ONLY

Please check your appropriate category:

- [ ] Computer Software/Hardware Manufacturer
- [ ] Dealer/Distributor
- [ ] Equipment Manufacturer
- [ ] Food Manufacturer/Processor
- [ ] Manufacturer’s Agent
- [ ] Other ____________________________
GENERAL INFORMATION (Please type or print legibly)

Membership Category: □ Corporate □ Individual Allied

□ Mr. □ Ms. Last Name: ___________ First Name: ___________ Middle Initial: __

Title or Position: ______________________________________________________________________

Current Address: _______________________________________________________________________

City: _______________ State/Province: _______________

Zip/Postal Code: _______________ Country: _______________

Telephone: _______________ Fax: _______________

E-mail: _______________ Company Website: _______________

Second Representative (Corporate Membership Only)

□ Mr. □ Ms. Last Name: ___________ First Name: ___________ Middle Initial: __

Title or Position: ______________________________________________________________________

Current Address: ______________________________________________________________________

City: _______________ State/Province: _______________

Zip/Postal Code: _______________ Country: _______________

Telephone: _______________ Fax: _______________

E-mail: _______________ Company Website: _______________

METHOD OF PAYMENT

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.

ACKNOWLEDGEMENT

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.

Signature ___________________________ Date ____________

FOR PROFESSIONAL OR SENIOR ASSOCIATE MEMBERSHIP, USE FORM A.
FOR ASSOCIATE MEMBERSHIP, USE FORM B.
FOR STUDENT MEMBERSHIP, USE FORM D.
FOR AFFILIATE MEMBERSHIP, USE FORM E.