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
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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$880 annually for the first two years
HK$1,320 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 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 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 ____________

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