

APPLICATION FORM



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Student Member

Last Name: Mr Mrs _____
First Name: _____
Middle Initial: _____
School Name: _____
Street Address: _____
Postal Code: _____
City: _____
Country: _____
Phone: _____
Fax: _____
Mobile: _____
E-mail: _____
Web-site: _____

Date of Birth: _____
How did you hear about FCSI? _____
Referred by (Name & Company): _____

Dues

After approval of the Directors of the FCSI EAME Board of Trustees, you will receive an invoice for your membership fee based on the current membership fee level. See attached membership fee list.

Date, Signature: _____

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Education

Please indicate years in School/University/Apprenticeship:

I expect finish my studies (month and year):

Please give a brief statement about your educational goals:

Please give a brief statement about your goals in the catering/foodservice/hospitality industry:
