



# APPLICATION FOR PROFESSIONAL & SENIOR ASSOCIATE

**NEDERLAND**

**FCSI Nederland**

Kranenhofscheweg 1  
5364 NP Escharen  
Tel. 0486-477792, Fax 0486-477799  
Email info@fcsi.nl

## FORM A

### GENERAL INFORMATION

(Please type or print legibly)

o Mr / o Ms. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Membership  Professional  Senior Associate

Category:  Upgrade from \_\_\_\_\_ to \_\_\_\_\_

Title or Position \_\_\_\_\_

Company \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Company Website \_\_\_\_\_

Date of Birth (optional) \_\_\_\_\_

How did you hear about FCSI? \_\_\_\_\_

Referred by (Name & Company) \_\_\_\_\_

### DUES

Membership in FCSI is recorded in the name of the individual. A non-refundable processing fee is due with Professional and Senior Associate applications. After acceptance, you will be billed for annual dues. All funds must be in Swiss Francs.

CHF 100.—processing fee due with application. Professional & Senior Associate Dues: CHF 575.—annually.

### ACKNOWLEDGMENT

I agree that all information given FCSI Europe is complete and correct. I further agree to provide additional information, if requested by FCSI Europe. I shall conduct my activities in accordance with FCSI's Objectives and FCSI's Code of Ethics. I further waive and release all claims, demands and actions that I now or in the future may have against FCSI Europe, 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 By-Laws, Article 4.1.1. and 4.1.2.

Date \_\_\_\_\_ Signature \_\_\_\_\_

### HIGHEST LEVEL OF EDUCATION

College/Professional  
School \_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_  
Degree \_\_\_\_\_ Major \_\_\_\_\_

**Dates** To \_\_\_\_\_  
From \_\_\_\_\_

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**EXPERIENCE**

Number of years/months of experience as a consultant \_\_\_\_\_

Number of years/months of experience in the foodservice  
industry \_\_\_\_\_

Do you or your company receive any monetary benefit or other consideration  
from the sale or promotion of equipment or other product?  Yes  No

If yes, please  
explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EMPLOYMENT HISTORY** (begin with most recent)

**Dates** To \_\_\_\_\_ 1. Former Employer/Business  
From \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Your Title \_\_\_\_\_  
Responsibilities \_\_\_\_\_

**Dates** To \_\_\_\_\_ 2. Former Employer/Business  
From \_\_\_\_\_ Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Your Title \_\_\_\_\_  
Responsibilities \_\_\_\_\_

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**YOU MAY WISH TO ATTACH A RESUME OR A SEPARATE SHEET WITH ADDITIONAL  
EMPLOYMENT HISTORY.**

**ASSIGNMENT / PROJECT REFERENCE # 1 (MANDATORY)**

PROFESSIONAL & SENIOR ASSOCIATE CATEGORIES (Continued)

Assignment/Project Name \_\_\_\_\_

Client Firm \_\_\_\_\_

Client's Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Name a reference on this project \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Project \_\_\_\_\_

Size of Project \_\_\_\_\_

Your title on this project \_\_\_\_\_

Date Completed \_\_\_\_\_

What services did you personally provide on this project?

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE INCLUDE ANY BROCHURES / PUBLICATIONS ABOUT THIS PROJECT, IF AVAILABLE**

**ASSIGNMENT / PROJECT REFERENCE # 2 (FOR PROFESSIONAL APPLICANTS ONLY)**

Project Name \_\_\_\_\_

Client Firm \_\_\_\_\_

Client's Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Name a reference on this project \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Project \_\_\_\_\_

Size of Project \_\_\_\_\_

Your title on this project \_\_\_\_\_

Date completed \_\_\_\_\_

What services did you personally provide on this project?

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PLEASE INCLUDE ANY BROCHURES / PUBLICATIONS ABOUT THIS PROJECT, IF AVAILABLE.

**CONSULTING SERVICES OFFERED**

**PLEASE CHECK ALL SERVICES THAT YOU PROVIDE**

- Accounting & Controls
  - Architectural Design
  - Business Strategy
  - Concept Development
  - Design of Kitchens/Food Production Facilities
  - Dietary
  - Distribution & Procurement
  - Energy & Environment
  - Finance Raising/Corporate Finance
  - Food Safety & Hygiene
  - Franchising
  - Human Resources
  - Interior Design
  - IT Systems
  - Legal Advice & Litigation Support
  - Management Recruitment & Development
  - Market & Financial Feasibility Studies
  - Marketing + Promotion
  - Menue & Recipe Development
  - Operating Procedures & Systems
  - Operations Review & Re-Engineering
  - Operator Request for Proposal, Appointment & Monitoring
  - Training
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**PLEASE INDICATE THE TYPE OF PROJECTS WHICH YOU TYPICALLY HANDLE**

- Airport facilities
- Amusement & theme parks
- Branded concepts
- Business & industry foodservice
- Casinos
- Casual/Theme restaurants
- Clubs
- Colleges/Universities
- Convenience stores
- Family restaurants
- Fast food restaurants
- Fine dining
- Hospitals/Healthcare
- Hotels/Motels
- Primary/Secondary School
- Resorts
- Retail
- Sports arenas

- o Convention centers
  - o Correctional facilities
  - o Cruise lines
  - o Supermarkets
  - o Other (specify)
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Do you want to receive manufacturers' mailings?       Yes     No

Do you want to receive Society information by fax?       Yes     No