



APPLICATION FOR PROFESSIONAL & SENIOR ASSOCIATE MEMBERSHIP

FCSI NEDERLAND

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FORM A

GENERAL INFORMATION

(Please type or
print legibly)

Mr / 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 Euro.

Professional & Senior Associate Dues: € 595,00 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 _____

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: _____

EMPLOYMENT HISTORY (begin with most recent)

Dates To _____ 1. Former Employer/Business Name _____
 From _____ Address _____

 Contact Person _____
 Your Title _____
 Responsibilities _____

Dates To _____ 2. Former Employer/Business Name _____
 From _____ _____
 Contact Person _____
 Your Title _____
 Responsibilities _____

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?

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

CONSULTING SERVICES OFFERED

PLEASE CHECK ALL SERVICES THAT YOU PROVIDE

- | | |
|--|--|
| <input type="checkbox"/> Accounting & Controls | <input type="checkbox"/> Interior Design |
| <input type="checkbox"/> Architectural Design | <input type="checkbox"/> IT Systems |
| <input type="checkbox"/> Business Strategy | <input type="checkbox"/> Legal Advice & Litigation |
| | Support |
| <input type="checkbox"/> Concept Development | <input type="checkbox"/> Management Recruitment & Development |
| <input type="checkbox"/> Design of Kitchens/Food Production Facilities | <input type="checkbox"/> Market & Financial Feasibility Studies |
| <input type="checkbox"/> Dietary | <input type="checkbox"/> Marketing + Promotion |
| <input type="checkbox"/> Distribution & Procurement | <input type="checkbox"/> Menu & Recipe Development |
| <input type="checkbox"/> Energy & Environment | <input type="checkbox"/> Operating Procedures & Systems |
| <input type="checkbox"/> Finance Raising/Corporate Finance | <input type="checkbox"/> Operations Review & Re-Engineering |
| <input type="checkbox"/> Food Safety & Hygiene | <input type="checkbox"/> Operator Request for Proposal, Appointment & Monitoring |
| <input type="checkbox"/> Franchising | <input type="checkbox"/> Training |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Other _____ |
-

PLEASE INDICATE THE TYPE OF PROJECTS WHICH YOU TYPICALLY HANDLE

- | | |
|--|---|
| <input type="checkbox"/> Airport facilities | <input type="checkbox"/> Family restaurants |
| <input type="checkbox"/> Amusement & theme parks | <input type="checkbox"/> Fast food restaurants |
| <input type="checkbox"/> Branded concepts | <input type="checkbox"/> Fine dining |
| <input type="checkbox"/> Business & industry foodservice | <input type="checkbox"/> Hospitals/Healthcare |
| <input type="checkbox"/> Casinos | <input type="checkbox"/> Hotels/Motels |
| <input type="checkbox"/> Casual/Theme restaurants | <input type="checkbox"/> Primary/Secondary School |
| <input type="checkbox"/> Clubs | <input type="checkbox"/> Resorts |
| <input type="checkbox"/> Colleges/Universities | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Convenience stores | <input type="checkbox"/> Sports arenas |
| <input type="checkbox"/> Convention centers | <input type="checkbox"/> Supermarkets |
| <input type="checkbox"/> Correctional facilities | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Cruise lines | |

Do you want to receive manufacturers' mailings? Yes No