



**FOODSERVICE SYSTEMS MANAGEMENT EDUCATION COUNCIL
2017 - 2018 MEMBERSHIP APPLICATION FORM**

Note: FSMEC membership fee is for two years

This is a: RENEWAL NEW MEMBERSHIP

Name _____

Professional Credentials/Title _____

Email address _____

College or University _____

Business Mailing Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Business Fax _____

Home Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Preferred Mailing Address: Work Home

Please indicate what contact information you would like to have published on the FSMEC member roster that is posted on the members only section of the website:

work only home only both work and home no contact information posted

Membership Biannual Dues: \$60 for 2017 - 2018

Graduate Student Dues: \$20 for 2017 - 2018

Optional contribution toward FSMEC grants and website maintenance

Optional contribution toward graduate student complimentary registration at FSMEC conference

\$_____ Total enclosed, **payable to FSMEC**

Please send completed form and a check for total amount due, payable to FSMEC, to:

Kathy Kress, MS, RD

Department of Nutrition and Dietetics, St. Louis University, Room 3076

3437 Caroline Street, St. Louis, MO 63104

Questions? Please send to: kressk3@slu.edu