



INSTITUTE OF CERTIFIED FRANCHISE EXECUTIVES

CFE Recertification Application

Mail Application, CFE renewal documentation, and \$100 Application Fee to: **Institute of Certified Franchise Executives**, 1501 K Street, NW, Suite 350, Washington, D.C. 20005. Telephone: 202/628-8000 Fax: 202-628-0812. Recertification fee: Member—\$100.00; non-member—\$300. You may pay by credit card or check. Please make checks payable to Institute of Certified Franchise Executives (ICFE)

VISA MasterCard American Express

Name_____

Card Number_____ Exp. Date_____

Signature_____

Application and Personal Data Statement. Please print or type all information.

Name_____

Company_____

Address_____

City_____ State_____ ZIP_____

Telephone_____ Fax_____ Email_____

HomeAddress_____

Home Telephone_____

IFA Member:

Franchisor Supplier Franchisee Society of Franchising Member **ss** Non-Member

FRANCHISING EXPERIENCE—(300 credits maximum)

(100 credits per year for work experience in franchising field)

Company_____ Position_____

Dates_____ Total Years_____

Company_____ Position_____

Dates_____ Total Years_____

Company_____ Position_____

Dates_____ Total Years_____

PARTICIPATION (500 credits maximum)

COURSE REQUIREMENTS—(400 credits). CFE credits may be earned by participating in ICFE Special Sessions at the Convention, seminars, online courses, and other ICFE approved programs.

List ICFE approved courses and/or attach supporting documentation:

Course/Date

I certify that the information contained in this Application for CFE renewal is true and correct in all material respects.

Signature _____ Date _____

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1501 K Street, NW – Suite 350
Washington, D.C. 20005
Telephone – 202/628-8000
Fax – 202/628-0812

DATE ENTERED

PAYMENT

