



APPLICATION TO SERVE ON THE 2023 IFA BOARD OF DIRECTORS

Thank you for your interest in serving on the IFA Board of Directors! Members of the IFA Board are elected by the Board for an initial term of three years, with the option to be considered for an additional three-year term. If you are elected to the Board, your term will begin at the 2023 IFA Annual Convention in Las Vegas and conclude at the 2026 IFA Annual Convention.

The 2022 IFA Board of Directors is made up of 66 franchisor, franchisee, and supplier members. We look forward to welcoming new members to our diverse Board in 2023. Please complete the application form below and submit it along with your biography and your current FDD (*franchisors only*) to Catherine Bartley at cbartley@franchise.org no later than July 31, 2022.

CANDIDATE INFORMATION

Full Name of Candidate:

Candidate Type: Franchisor Franchisee Supplier

Job Title:

Company:

Email Address:

Best Contact Phone Number:

Company Address:

Home Address:

Executive Assistant Name (if applicable):

EA Email Address:

EA Phone Number:

NOMINATOR'S INFORMATION (IF APPLICABLE)

Full Name of Nominator:

Job Title:

Company:

BACKGROUND INFORMATION

How long have you been in franchising?

How long have been in your current role at your organization?

What would you consider your core competency in franchising?

Have you completed your CFE?

Please indicate other activities you have been involved with recently to promote the franchise business model (e.g., engagements with local civic groups, press interviews/podcasts, speaking at other franchise industry events).

IFA INVOLVEMENT

How long has your organization been a member of the IFA?

Have you served on an IFA Forum or Committee? If so, please list below along with your dates of service.

Have you attended IFA's Annual Convention? If so, please list the years attended.

Have you spoken at IFA events? If so, please provide the name of the conference, the year, and the subject matter.

Have you supported the IFA Foundation and/or any of its programs (VetFran, Diversity Institute, and Franchising Gives Back)? If so, please describe.

Have you served the IFA in other ways not listed above? If so, please detail below.

What areas of the IFA would you most like to engage in as a member of the IFA Board?

If asked, would you be willing to serve as an officer of the IFA (Chair, Vice Chair, Second Vice Chair)? (Please note: This is not a requirement for consideration as a member of the IFA Board.)

FRANCHISOR APPLICANTS

Please indicate how many units your company has:

How have you/your company's leadership team encouraged franchisees to participate in the IFA?

If asked, would you be willing to host an IFA [Open for Opportunity](#) event at your headquarters or a local franchise?

FRANCHISEE APPLICANTS

Please indicate which brands and how many units of each brand you currently own:

Have you participated in the IFA Franchisee Forum? If so, please describe your engagement.

Have you been politically active in the communities where you have locations? (Examples include meeting with local elected officials, hosting a local elected official at one of your locations, or participating in an IFA [Open for Opportunity](#) event in your area)

SUPPLIER APPLICANTS

Have you served on the IFA Supplier Forum Advisory Board?

Have you actively recruited others to join the IFA? Please detail below.

ADDITIONAL DETAIL

If you would like to provide any additional details to your answers above or further information for the Nominating Committee and the IFA Board to consider as they review your application, please enter it here.

IFA MEMBER REFERENCES

Please provide the contact information for two IFA members who can attest to your experience in and commitment to franchising and the IFA.

Reference 1

Full Name:

Job Title:

Organization:

Email Address:

Best Contact Phone Number:

Reference 2

Full Name:

Job Title:

Organization:

Email Address:

Best Contact Phone Number:

CANDIDATE ATTESTATION

I have full knowledge of the contents of this nomination and hereby attest that I wish to be a candidate for nomination to the serve on the IFA Board of Directors for a three-year term beginning at the 2023 IFA Annual Convention.

Full Name:

Signature:

Date:

APPROVAL OF COMPANY CHAIR OR CEO

It is critical to have the support of your organization's leadership team on your nomination. Each Board member must be able to commit his/her company's active support for the policies agreed upon by the IFA Board of Directors. Policy matters being considered range from association operations (such as the establishment of standards for membership) to government relations campaigns. Full and engagement and support is a necessary part of serving on the Board.

Attestation by Organizational Leadership

I hereby agree to fully support the nomination of _____ for a seat on the IFA Board of Directors and understand that, as a member of the Board, he/she is able to commit our company to “actively support and contribute to” the policies agreed upon by the IFA Board of Directors.

Full Name:

Signature:

Date:

IFA Conflict of Interest Policy

All applicants for the IFA Board of Directors must also complete and sign the IFA Conflict of Interest Policy document on the following page. If you have any questions about this document, please contact Catherine Bartley at cbartley@franchise.org.

International Franchise Association

Conflict of Interest Policy

October 2021

This Conflict of Interest Policy reflects the policy and practices of the International Franchise Association (the “Association”) from its date of inception. Officers, directors, and employees (collectively, “Covered Officials”) of the Association each have an affirmative obligation to act at all times in the best interests of the Association. This policy serves to define the term “conflict of interest,” to assist Covered Officials in identifying and disclosing such conflicts, and to minimize the impact of such conflicts on the Association whenever possible.

Duty of Loyalty. Each Covered Official owes a duty of loyalty to the Association, which requires the Covered Official, when acting within his or her capacity as a Covered Official, to subordinate personal, business, third-party, and other interest to the Association’s welfare and best interests.

What is a Conflict of Interest? A conflict of interest may arise when a Covered Official has an existing or potential financial or other material interest that impairs or might appear to impair his or her independence and objectivity in the discharge of responsibilities and duties to the Association. Such circumstances may involve, for example, family relationships, business or financial transactions, professional activities, or personal affiliations.

Disclosure. Each Covered Official shall disclose any and all facts that may be construed as a conflict of interest whenever such actual or potential conflict arises. The Board of Directors recognizes that conflicts of interest are not uncommon, and that not all conflicts of interest are necessarily harmful to the Association. Covered Officials are nonetheless encouraged to err on the side of disclosure throughout their tenure as Covered Officials.

Process and remedy. The Board of Directors will review submitted disclosures from Covered Officials regarding potential conflicts of interest, determine whether or not a conflict of interest exists, and determine whether or not such conflict materially and adversely affects the Association’s interests. If the Board of Directors determines that an actual or potential conflict of interest exists, the Board of Directors shall also determine an appropriate remedy. Such remedy may include, for example, (i) waiver of the conflict of interest as unlikely to affect the Covered Official’s ability to act in the best interests of the Association; (ii) recusal of the conflicted Covered Official from participating in certain matters pending before the Association, the Board, or other Association body; or (iii) resignation or separation of the conflicted Covered Official from his or her position with the Association (subject to the terms of any pertinent employment agreement).

A Covered Official whose potential conflict is under review may not debate, vote, or otherwise participate in such determination except to disclose material facts and to

respond to questions and shall further abstain from participating in any Association matter affecting the interest under review pending a determination from the reviewing body or official.

All disclosures and determinations or actions of the Board of Directors made pursuant to this policy shall be properly documented in meeting minutes or other appropriate records of the Association.

Delegation. The Board of Directors may delegate its authority to review and remedy potential conflicts of interest to a committee of disinterested Board members. Such committee shall inform the Board of its determination and recommended action. The Board shall retain the right to modify or reverse such determination and action, and shall retain the ultimate enforcement authority with respect to the interpretation and application of this policy.

Each Covered Official shall complete and sign the Acknowledgement and Disclosure form below. By signing this form, each Covered Official acknowledges that she or he will (1) comply with the Association's Conflict of Interest Policy for so long as she or he remains a Covered Official of the Association and (2) promptly bring to the Association's attention any matter that might present any actual or potential conflicts of interest. The Covered Official acknowledges that she or he will remain bound by this Policy without having to sign additional forms or confirmations during her or his tenure as a Covered Official.

Acknowledgement and Disclosure Form

I have read the International Franchise Association (“IFA”) Conflict of Interest Policy set forth above (the “Policy”) and agree to comply fully with its terms and conditions at all times during my service as a director, officer, or employee of IFA. If I become aware of any actual or potential conflicts of interest at any time following the submission of this form, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the person or persons to whom I am required to disclose pursuant to the Policy.

Disclosure of actual or potential conflicts of interest:

1. Do you have a familial, financial, or business relationship with any current or former director, officer, committee member, or employee of IFA?

Yes

No

2. Do you have any familial, financial, or business relationships with any persons or organizations that intend to engage in any transaction, to acquire any interest in any organization or entity, or to receive any substantial gift or favor that may represent a conflict with your obligations to IFA?

Yes

No

3. Do you (or your spouse or life-partner or a legal entity with which you are affiliated) have any ownership, financial, or other material interest in a business or organization that (a) directly competes with IFA’s advocacy mission or other core associational objectives or (b) seeks or relies on revenue from the same sources as those from which IFA seeks or relies on revenue?

Yes

No

4. Do you have any other interest or affiliation that may compromise your ability to provide unbiased and undivided loyalty to IFA, or that may otherwise become in conflict with your official duties on behalf of IFA?

Yes

No

If you answered “yes” to any of the above, please explain below. Attach additional pages as necessary.

Printed Name

Signature

Date