

SECTION I.

Date: _____ Last Name: _____ First Name: _____

Company Name: _____ Industry: _____

Number of years in franchise industry _____ Are you enrolled in/have you completed the CFE Program _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

Email Address: _____ Best time to be reached: _____

Please list your special interests and/or hobbies: _____

SECTION II.

Below are some additional questions that will help us better understand your strengths as a potential Franship mentor.

1.) What type of brand could you best support as a mentor? I.e. size and industry of brand _____

2.) What has been your greatest accomplishment professionally? _____

3.) What would you consider your top 3 strengths? _____

4.) What title(s) are you most interested to engage with on the mentee level? _____

Please email completed form to: IFA's Sydni Konohia at skonohia@franchise.org