

Membership Application



INTERNATIONAL FRANCHISE ASSOCIATION • 1900 K STREET, NW, SUITE 700, WASHINGTON, DC 20006 • 202-628-8000 • MEMBERSHIP@FRANCHISE.ORG • WWW.FRANCHISE.ORG

ORGANIZATION INFORMATION

Company Name _____
Address _____ City _____
State/Province _____ Country _____ Postal/Zip Code _____ Telephone _____
E-mail _____ Website _____
Trading Name(s), if different _____ Division/Subsidiary or Parent of _____

PERSONNEL INFORMATION

Primary Contact _____ Title _____ Email _____
Contact _____ Title _____ Email _____
Contact _____ Title _____ Email _____
Contact _____ Title _____ Email _____
Contact _____ Title _____ Email _____
Contact _____ Title _____ Email _____
Contact _____ Title _____ Email _____

OPERATIONS INFORMATION

Type of Business _____ In Business Since _____ Franchising Since _____
Number of Units: Franchised _____ Company-Owned _____
Annual U.S. Franchisee Sales Volume _____
Franchising Internationally In _____

MEMBERSHIP OPTIONS (see reverse side for payment options):

- Franchised Units:**
- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> 0-199
\$1,675 | <input type="checkbox"/> 200-299
\$2,500 | <input type="checkbox"/> 300-499
\$5,600 | <input type="checkbox"/> 500-599
\$7,200 | <input type="checkbox"/> 600-999
\$8,250 |
| <input type="checkbox"/> 1,000-1,999
\$9,300 | <input type="checkbox"/> 2,000-2,999
\$10,350 | <input type="checkbox"/> 3,000-3,999
\$11,400 | <input type="checkbox"/> 4,000-4,999
\$12,500 | <input type="checkbox"/> 5,000+
\$13,500 |
- 0 U.S. Franchised Units (International Franchisor):** \$1,675

Membership Application



INTERNATIONAL FRANCHISE ASSOCIATION • 1900 K STREET, NW, SUITE 700, WASHINGTON, DC 20006 • 202-628-8000 • MEMBERSHIP@FRANCHISE.ORG • WWW.FRANCHISE.ORG

LITIGATION HISTORY

Has your company, or any officer, director or other company official been:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Convicted of a felony, or been held liable in a civil action by final judgement if such felony or civil action involved fraud, embezzlement, fraudulent conversion or misappropriation of property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Subject to any order of the Securities and Exchange Commission of the securities administrator of any state denying, revoking or suspending the registration or sale of any securities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Subject to any order issued under any federal or state law regulating the sale of franchises or distributorships which denies, revokes or suspends the registration or sales of franchises or distributorships within any jurisdiction or requires the posting of a bond, the escrow of monies to be paid by franchisees or distributorships or any similar action as a pre-condition of the registration or sale of franchises or distributorships? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Subject to any order or ruling of the Federal Trade Commission? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Subject to an injunctive or restrictive order relating to business activity as a result of any action brought by any public agency or department? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to any of the above questions, please attach specific information as to nature and disposition. Please call IFA's Membership Department with any questions: 202-628-8000

CERTIFICATION

In making application I hereby certify by a duly authorized signature that the information submitted is current, accurate and complete to my best knowledge and belief and that I have read and understand the IFA Code of Ethics and the business of the applicant is conducted in accordance with the Code. I understand that membership in the IFA is conditional upon adherence to the Code and membership may be either suspended or terminated by the IFA Board of Directors for failure to comply with the Code, or false statement or representation made in this application or in the attachments.

Signature _____ Printed Name _____

Title _____ Date _____

IFA's membership services include periodic email and fax communications to alert you about future events and issues of interest. If you do not wish to receive these communications, IFA's privacy policy permits you to opt out of these communications by contacting the IFA.

Dues payments to the International Franchise Association are not deductible as charitable contributions for U.S. Federal Income Tax purposes. Dues may be deductible as an ordinary business expense, subject to restrictions pertaining to lobbying activities. IFA estimates that the non-deductible portion of your payment due to lobbying is 18%. \$50 of your dues is allocated for each subscription to Franchising World magazine you receive as part of membership and may not be used to reduce annual dues.

CHECKLIST OF NECESSARY DOCUMENTS FOR COMPLETED APPLICATION

- Completed Application Form
- Dues Payment: Enter amount enclosed \$ _____
 - Check, in U.S dollars, made payable to: IFA (Federal Tax ID # 36-6108621)
 - Credit Card: American Express Discover MasterCard Visa
 - Card Number _____ Expiration Date _____
 - Cardholders Name _____
 - Cardholders Billing Address _____
 - Signature _____
- For wire transfer information, please contact IFA.

- Financial Statement
- Franchise Disclosure Document

International Franchise Association
1900 K Street, NW, Suite 700
Washington, DC 20006
Phone: (202) 628-8000 Fax: (202) 628-0812
www.franchise.org
membership@franchise.org