IFA FRANCHISEE MEMBERSHIP APPLICATION

SUBSCRIBER MEMBERSHIP (INDIVIDUAL)

☐ Single-unit franchisee – 1 unit
   DUES RATE .............................................US $100.00

☐ Multi-unit franchisee – 2-9 units
   DUES RATE.............................................US $250.00

☐ Multi-unit franchisee; Area Developer - 10 or more units
   DUES RATE.............................................US $500.00

☐ Area Representative; Development Agent (U.S.)
   • Must have agreement in good standing with franchisor
   DUES RATE.............................................US $500.00

☐ Master Franchisee; Regional Developer; Development Agent (International)
   • Must have agreement in good standing with franchisor
   DUES RATE.............................................US $500.00

ORGANIZATIONAL MEMBERSHIP

☐ Franchisee Associations and Advisory Councils - affiliated with an IFA Member Franchisor.
   • The Organizational member will receive up to 5 Subscriber Memberships
   • The franchisees represented by the Franchisee Association or Advisory Council may also enroll as system wide members of IFA.

BASE DUES RATE.............................................US $500.00
Additional Subscriber Memberships..........................US $100.00
   • Attach a list of your organization’s members to the Membership Application
FRANCHISEE MEMBERSHIP APPLICATION

Complete the Membership Application indicating that you or your franchisee organization has met the qualifications for membership in IFA.

MEMBERSHIP CATEGORY
(Please check the appropriate box as indicated on first page of application)

☐ Subscriber Member

☐ Organizational Member

MEMBERSHIP INFORMATION

Name______________________________________________________________

Title____________________________________________________________

Company_________________________________________________________________________

Organization Name (if applicable) ________________________________________________

Mailing Address _______________________________________________________________

City________________________State/Province________Country____________Zip Code_______

Telephone____________________Fax_____________________E-mail_____________________

# Franchisees________ # Franchised Units____________

Enclose payment for annual dues. Total Amount Enclosed $__________

☐ Check, in US Dollars, made payable to: International Franchise Association

☐ Credit Card (Visa, MasterCard, American Express)

Card Number ___________________________ Expiration Date _______________________

Cardholder’s Name ________________________________

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 15%. $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.

I hereby certify by an authorized signature that I am a franchisee or developer operating under my company’s franchise agreement and/or affiliated/recognized by the franchisor company named below.

Signature_________________________________________________________________________

Franchisor Company Name___________________________________________________________