



**FRANCHISING\***  
Building local businesses,  
one opportunity at a time.

## 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



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**International Franchise Association  
Membership Department**

**1900 K Street, NW, Suite 700 Washington, DC 20006**

**Phone: 202-628-8000 • Fax: 202-628-0812 • E-mail • [membership@franchise.org](mailto:membership@franchise.org)**

(Over)



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## 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 \_\_\_\_\_