



INSTITUTE OF CERTIFIED FRANCHISE EXECUTIVES ICFE ENROLLMENT APPLICATION

Mail or fax to: **Institute of Certified Franchise Executives,**
1900 K Street, NW, Suite 700, Washington, D.C. 20006 Telephone: 202/628-8000 Fax: 202/628-0812
Please make your check payable to Institute of Certified Franchise Executives (ICFE).
Application Fee: IFA Member: \$425 Non-member: \$800



Application and Personal Data Statement, please print or type all information.

Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____ Email Address _____

IFA Member: Franchisor Supplier Franchisee Society of Franchising Member Non-Member

EDUCATION. List educational institutions attended beyond high school.

Institution _____ Degree _____ Dates _____

Institution _____ Degree _____ Dates _____

SPECIAL ACHIEVEMENTS. List any special achievements such as: awards, publications, IFA presentations, or special achievements you have received:

IFA OR FRANCHISE EDUCATION AND RESEARCH FOUNDATION

Committee service:

Position/Activity _____ Committee _____

Dates: From _____ To _____ Total Years _____

Position/Activity _____ Committee _____

Dates: From _____ To _____ Total Years _____

FRANCHISING EXPERIENCE. (500 credits maximum; 100 credits per year for work experience in franchising field.) *(Attach additional page if necessary.)*

Company _____ Position _____

Dates: _____ Total Years _____

Company _____ Position _____

Dates: _____ Total Years _____

PARTICIPATION. (500 credits maximum; candidates must attend at least one IFA approved event each year.) *(Attach additional page if necessary.)*

ICFE Credited Programs Attended (2,500 credits). List ICFE approved courses in these areas: Diversity, Economics, Accounting or Financing, Franchisee Recruitment and Training; Franchisor/Franchisee Relations; Franchise Law Regulations; Human Resource Management; Management & Operations; Marketing; Dual Concepts in Franchising; Franchise Conventions; Franchising Trends; Insurance; International Franchising; Public Relations/Communications; Real Estate & Site Selection; Resource Management; Technology; other interest areas. Courses must have been taken within one year of application for enrollment to be considered. *(Attach additional page if necessary.)*

Course/Date

I certify that the information contained in this Application & Personal Data Statement for the Institute of Certified Franchise Executives (ICFE) is true and correct in all material respects. I understand that the purpose of this document is to enroll me in the Institute of Certified Franchise Executives and provide relevant information for evaluation to determine credits toward certification to which my educational and franchising experience and achievements may entitle me. I understand that filing this document does not entitle me to the CFE designation and that I must complete the prescribed curriculum of the ICFE educational program, including any prescribed and/or written examinations, in order to become eligible for certification. I hereby further certify that I adhere to the Code of Ethics of the International Franchise Association.

Signature _____ Date _____

PAYMENT

VISA MasterCard American Express Name _____

Card Number _____ Exp. Date _____ CSC _____ Signature _____

Card Billing Address _____

For information on the CFE scholarship program, please contact Rose DuPont. Mail or fax to:
INSTITUTE OF CERTIFIED FRANCHISE EXECUTIVES 1900 K Street, NW, Suite 700 Washington, D.C. 20006
Telephone: 202/628-8000 • Fax: 202/628-0812 • Email: rdupont@franchise.org • www.franchise.org/cfe