



## ONE STAR MEMBER APPLICATION

Please note: Your company must be an active franchisor member of the IFA to apply for VetFran membership.

### Contact Info

Name of Franchise Brand : \_\_\_\_\_ Contact Person for VetFran: \_\_\_\_\_  
Business Phone Number : \_\_\_\_\_ Email: \_\_\_\_\_  
Social Media/Marketing Contact name: \_\_\_\_\_ Email: \_\_\_\_\_

### Please attach the following to your application:

- An unqualified audit opinion letter (“In our opinion, the financial statements above...”)
- Franchise Disclosure Document with an Item 19

**All documents must be from most recent fiscal year end.**

*NOTE: Filing for protection under the bankruptcy laws automatically disqualifies a franchisor from VetFran membership and use of the logo for a minimum of two years.*

### Eligibility Checklist

1. What is your standard franchisee fee? \$ \_\_\_\_\_
2. What is your discounted franchise fee offered to veterans? \$ \_\_\_\_\_
3. What is the percentage of the above discount? (Minimum of 10%) \_\_\_\_\_
4. If you provide an incentive in addition to a discount on the initial fee please list it here: \_\_\_\_\_  
\_\_\_\_\_
5. Has your company been in this line of business for 2 or more years? Yes\_\_\_ No\_\_\_
6. Has it been at least 1 years since your first franchised unit opened? Yes\_\_\_ No\_\_\_

I am authorized to submit this application. I certify that all information on this application and the attachments is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Completed package should be sent to VetFran via email at [vetfran@franchise.org](mailto:vetfran@franchise.org)**

Questions? Need help? Call us at 202-662-0781.

*For VF Staff Use Only*

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