



THREE STAR MEMBER APPLICATION

Contact Info

Name of Franchise Brand : _____ Contact Person for VetFran: _____
Business Phone Number : _____ Email: _____
Social Media/Marketing Contact Name: _____ Email: _____
VetFran Secondary Contact(s): _____

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
- Membership Selection Sheet

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 15%) _____
4. If you provide an incentive in addition to a discount on the initial fee please list it here: _____

5. Has your company been continuously operating franchises for 4 or more years? Yes___ No___
6. Does your FDD include an Item 19 FPR Disclosure? Yes___ No___
7. Does your brand have 25 or more units open? Yes___ No___
8. Will your company agree to abide by and adhere to the [IFA Code of Ethics](#) as a condition of your VetFran Membership?
Yes___ No___

Notes:

- Answering “No” to any of the above questions may cause your application to be denied. If your company does not meet the above criteria, consider a lower tier of membership.
- VetFran Membership includes a full suite of benefits for a low annual or monthly fee. For more information on VetFran Member benefits and access, please visit: vetfran.org/for-companies.
- A VetFran Membership info sheet is included on the subsequent pages of this document, and must be completed and returned with your application.
- VetFran is a program of the IFA Foundation, a 501(c)3 non-profit organization.

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

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

For VF Staff Use Only

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D:




NEW: VetFran Premium Membership


IFA's VetFran Program is introducing a new benefits structure for 2020!

VetFran is launching a full range of benefits for a low annual fee. If your commitment to veterans is strong, then you'll get the most out of VetFran through a premium membership. Join your VetFran peers and sign up today!

Premium members gain exclusive access to:



Franchisee Members
Allow your veteran franchisees to sign up with VetFran for exclusive benefits and opportunities.




Appear at VetFran Events
Your company can appear on VetFran panels at franchise expos across the country.



Exclusive VetFran Supplier Discounts
Access to discounts by nearly two dozen supplier companies and counting.



Rotating Promotions
Appear in promotions on VetFran Social Media, Website, and a special feature in the Franchise Opportunities Guide




Premium Resources
Access to research, white papers, and best practice guides.




VetFran Partners
Access to VetFran's private and public sector partners.

Affiliate members may only:



Use the VetFran Logo
You may place our logo on marketing materials, your website, and more.



Have a listing in the VetFran Directory
Visible to all on VetFran.org

IFA Member Prices: Premium: \$750/year or \$62.50/month | Affiliate - \$0

IFA Non-Member Prices: Premium: \$1500/year or \$125/month
Affiliate - \$750/year or \$62.50/month

Please turn the page to see how to sign up.

By Credit Card: Please fill out the form below. Return to IFA Staff or scan and email to vetfran@franchise.org

By Check: Please email vetfran@franchise.org to begin the signup process





Online: Please visit your VetFran.org account and choose a membership level

Credit Card Form

Please fill in the fields below in order to process your request for VetFran membership.

Company Name: _____

Contact Phone: _____

Card Type:    

Card Number: _____ Exp: ____/____ CVV: _____

Cardholder Name: _____

Cardholder Email: _____

Billing Address: _____

Address Line 2: _____

City: _____

State/Province: _____

Zip Code: _____

Signature:

Select a membership tier:

- IFA Member Premium-** \$750/year or \$62.50/month
- IFA Non-Member Premium-** \$1500/year or \$125/month
- IFA Non-Member Affiliate-** \$750/year or \$62.50/month

How would you like to pay?

Monthly Annually

Payments will renew automatically. Contact us if you wish to discontinue payments.

Questions? Don't want to use a paper form? Call us at 202-662-0781 to sign up for membership.

VetFran member fees are tax deductible as contributions to the IFA Foundation to the extent provided by law.