



SUPPLIER MEMBER APPLICATION

Please note: To join VetFran, a supplier, must offer an incentive (discount) to either veteran franchisees or VetFran member franchisors.

Contact Info

Name of Supplier:_____ Contact Person for VetFran:_____

Business Phone Number:_____ Email:_____

VetFran Secondary Contact(s):_____

Incentive:_____

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:

- 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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