

REGISTRATION: Please complete one form per person.

Application Fee: CFA Member \$600 Non Member \$1,000

First Name: _____

Last Name: _____

Company: _____ **Title:** _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone: _____ **Email:** _____

CFA Member: Franchisor Supplier Franchisee Non-Member

EDUCATION: List educational institutions attended beyond high school.

1. Institution _____ Degree _____ Dates _____

2. Institution _____ Degree _____ Dates _____

CONNECTED:

How did you hear about the CFE program? Email CFA Website Referral Other

If you were referred by a specific individual, please give us their name, company, email so we can thank them.

Name: _____

Company: _____ **Email:** _____

CANADIAN FRANCHISE ASSOCIATION ACTIVITY: List your involvement with the CFA.

1. Position/Activity _____

Committee _____

Dates: From _____ To _____ Total Years _____

2. Position/Activity _____

Committee _____

Dates: From _____ To _____ Total Years _____

3. 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.)*

1. Company: _____ Position: _____
Dates: _____ Total Years: _____

2. Company: _____ Position: _____
Dates: _____ Total Years: _____

3. Company: _____ Position: _____
Dates: _____ Total Years: _____

PARTICIPATION:

*(500 credits maximum; candidates must attend at least one CFA approved event each year.)
CFA – ICFE Credited Programs Attended (2,500 credits).*

List CFA – 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 enrolment to be considered. (Attach additional page if necessary.)

1. Course/Date _____

2. 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 CFA – ICFE educational program, including any prescribed and/or written examinations, in order to become eligible for certification. Thereby further certify that I adhere to the Code of Ethics of the Canadian Franchise Association.

Signature _____

Date _____

PAYMENT METHOD: *Cheque eTransfer*

Credit Card: *Visa MasterCard Amex*

Card Number: _____

Expiry: _____

Card holder: _____

Signature: _____

WARNING: Sending credit card information by email is not secure. If emailing completed form, please call CFA with your credit card information (416-695-2896 ext. 233). Please email Vernon Siddayao at vsiddayao@cfa.ca to pay by eTransfer.

SEND YOUR COMPLETED FORM TO MEREDITH LOWRY:

Email: mlowry@cfa.ca

Fax: 416-695-1950

By mail:

Canadian Franchise Association

116-5399 Eglinton Avenue West, Toronto, ON M9C 5K6