



Franchisee Membership Application

General Info:

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Owner Name(s): _____

Date Established: _____ Number of Units: _____

Geographic Region of Units: _____

For Newsletters and E-Mail Updates:

Number of newsletters requested to above address: _____

Please indicate any additional people that should receive SFA Communication (e-mails only) and be included in the directory: (owners/operators only, please):

Name	Title	Phone	E-Mail
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Billing:

Dues are \$100 per store for the first five years and \$50 per store thereafter. Dues for the year are billed in June and due by September 30th.

By Laws:

Once your application is accepted, a copy of the bylaws will be sent to you.