

COMPANY NAME: _____

DUES SCHEDULE:

- FSS Supplier - \$2,836 FSS Supplier (2 Brands) - \$3,596

ADVOCACY PLEDGE (OPTIONAL):

The CFA leads the charge in educating government about the importance of franchising in Canada. Pledge your support so the CFA can remain an effective public policy advocate for franchising through a donation to CFA's Advocacy Fund.

- Advocacy Supporter** (\$365-\$499) **Advocate** (\$500 - \$999) **Advocacy Leader** (\$1,000+)

PLEDGE: \$ _____

PAYMENT INFORMATION:

Annual Dues :	\$	Applicable Sales Tax Chart GST/HST Registration Number: R122972920. QST Registration Number: 1212953071. <input type="checkbox"/> BC, AB, MB, NU, NWT, SK, YK: 5% GST <input type="checkbox"/> ON: 13% HST <input type="checkbox"/> QC: 14.975% (5% GST + 9.975% PST) <input type="checkbox"/> NB, NL, NS, PEI: 15% HST <input type="checkbox"/> US/INT: 0%
Applicable Taxes :	\$	
Advocacy Pledge :	\$	
Total :	\$	
Method of Payment:		
<input type="checkbox"/> CREDIT CARD: Please complete credit card information below or call CFA accounting at 416-888-0240.		
<input type="checkbox"/> ELECTRONIC FUNDS TRANSFER (EFT): Please reach out to amann@cfa.ca to coordinate.		
Credit Card Information		EFT Information
Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	Please reach out to Alexandra Mann at amann@cfa.ca to coordinate EFT transfer.
Credit Card Number :		
Expiry :		
Cardholder Name :		
Signature		
**Accounts not paid by the due date are subject to a 2% monthly finance charge		
RENEWAL FORM AND PAYMENT DUE: OCTOBER 31, 2021		

PLEASE ANSWER THE FOLLOWING: Has the member, or any predecessor of the member, or any major shareholder (10% or more), director, officer or general partner of the member having day- to-day management responsibilities related to the company:

1. Been adjudged or voluntarily become bankrupt; reorganized due to insolvency; taken the benefit of any statute for the relief of bankruptcy or insolvent debtors; or become subject to any pending bankruptcy, insolvency or reorganization proceeding?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Had any conviction for an indictable offence under the Criminal Code of Canada, arising within the last seven (7) years, which remains outstanding?	<input type="checkbox"/> YES <input type="checkbox"/> NO

(If you answer "yes" to any of the questions above, please provide details in an attached schedule.)

DECLARATION & ACKNOWLEDGMENT: My signature below acknowledges, on behalf of my organization, that the information given is true, that the organization I represent endorses and subscribes to the Canadian Franchise Association's CFA Code of Ethics and that any failure to do so may result in suspension of membership privileges or termination of membership without refund of dues paid. By checking the "Agreement/Signature" I authorize the above.

Authorized Signing Officer:	Title:
<input type="checkbox"/> Agreement & Signature of Signing Officer: <i>(please check box)</i>	Date:

Kindly e-mail your completed renewal form to the CFA Membership Department at amann@cfa.ca

Questions? Contact Alexandra Mann, Manager, Member Programs at amann@cfa.ca