

**REGISTRATION:** Please complete one form per person.

**Application Fee:** CFA Member \$650 Non Member \$1,200

**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:** \_\_\_\_\_  
**CVV:** \_\_\_\_\_  
**Card holder:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

**E-TRANSFER:** Please email [accounting@cfa.ca](mailto:accounting@cfa.ca) to arrange for eTransfer instructions.

**SEND YOUR COMPLETED FORM TO MARY MACDONALD:**

Email: [mmacdonald@cfa.ca](mailto:mmacdonald@cfa.ca)  
 Fax: 416-695-1950

By mail:  
 Canadian Franchise Association  
 116-5399 Eglinton Avenue West, Toronto, ON M9C 5K6