



## *The Center for Total Quality Franchising...*

### **American Association of Franchisees and Dealers Association Membership (Franchisee Leadership Council)**

Name of Association:	
Address:	
City/State/Zip:	
Voice Phone:	Fax No:
E-mail:	Internet:
Designated AAFD representative:	Title:
Length of Time in Business:	Management Company:
Number of Franchised Units Represented:	
Franchise System (If different from above):	

We apply for Association Membership in the AAFD and the Franchisee Leadership Council. Our Association is entitled to Chapter status in the AAFD, and includes registration for two voting delegates at the AAFD's Annual Meeting. Each chapter is entitled to two voting delegates for every one hundred franchisees represented by our membership as reported to the AAFD. *Only owners of franchised businesses are entitled to voting membership in the AAFD.* We enclose our dues payment as follows:

- 1) Association Membership Base Fee: \$2000. Includes AAFD Affiliate membership for up to 20 Association Board members or designated leaders.
- 2) Franchisee Affiliate Membership: \$25 per Association member with an 'opt-out' right. We understand and acknowledge that AAFD Affiliated Associations are required to include AAFD Affiliate Membership in their annual dues to members at the current rate of \$25 per member. Association Members have the right to 'opt-out' of AAFD Affiliate membership by written request, and may deduct the AAFD Affiliate dues from their Association dues. We agree to forward Affiliate Member contact information in electronic format together with AAFD Affiliate dues as collected on a monthly basis. All AAFD Affiliate members will receive all AAFD Affiliate membership benefits. Our association will receive 90% of applicable rebate revenues earned by our AAFD affiliate members (but not from those who 'opt out' of membership).

How many members are in your association? \_\_\_\_\_

What month do you bill your members? \_\_\_\_\_

- 3) Provide a electronic database of your members.

**DUES PAYMENT:** We enclose dues payment payable to the AAFD in the amount of: \$ \_\_\_\_\_

**AUTHORIZATION:**

President: \_\_\_\_\_ Other Officer: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_