

# INSTITUTE OF CERTIFIED FRANCHISE EXECUTIVES ICFE ENROLLMENT APPLICATION

Mail to: Institute of Certified Franchise Executives:  
1900 K Street, NW, Suite 700, Washington, D.C. 20006 Telephone: 202/774-2067  
Please make your check payable to Institute of Certified Franchise Executives (ICFE).

Application Fee:  IFA Member \$475  Non Member \$875



**Application and Personal Data Statement, please print or type all information.**

Full Name \_\_\_\_\_ Title \_\_\_\_\_  
 Company \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_  
 IFA Member:  Franchisor  Supplier  Franchisee  Society of Franchising Member  Non-Member

**EDUCATION:** List educational institutions attended beyond high school.

Institution \_\_\_\_\_ Degree \_\_\_\_\_ Dates \_\_\_\_\_  
 Institution \_\_\_\_\_ Degree \_\_\_\_\_ Dates \_\_\_\_\_

**How did you hear about the CFE program?**  Email  *Franchising World*  IFA Website

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

\_\_\_\_\_

\_\_\_\_\_

**FOUNDATION/INTERNATIONAL FRANCHISE ASSOCIATION ACTIVITY:** List your involvement with the IFA or the IFA Foundation:

Position/Activity \_\_\_\_\_ Committee \_\_\_\_\_  
 Dates: From \_\_\_\_\_ To \_\_\_\_\_ Total Years \_\_\_\_\_  
 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.)

Company \_\_\_\_\_ Position \_\_\_\_\_  
 Dates: \_\_\_\_\_ Total Years \_\_\_\_\_  
 Company \_\_\_\_\_ Position \_\_\_\_\_  
 Dates: \_\_\_\_\_ Total Years \_\_\_\_\_

**PARTICIPATION:** (500 credits maximum; candidates must attend at least one IFA approved event each year.) (Attach additional page if necessary.)

**ICFE Credited Programs Attended (2,500 credits).** List 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.)

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 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 International Franchise Association.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT:** Credit Card:  VISA  MasterCard  American Express Name \_\_\_\_\_  
 Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CSC \_\_\_\_\_ Signature \_\_\_\_\_  
 Card Billing Address \_\_\_\_\_