

# FRANCHISE SYSTEM MEMBERSHIP APPLICATION



**Canadian  
Franchise  
Association™**

Franchise System membership is for companies who are offering franchises in Canada or who are planning to offer franchises in the next 12 months. Please answer ALL questions and check (✓) the Signature Box to sign the form once you have completed the application form. All dollars are in Canadian Funds.

\* I give my consent for this information to be published in my listing in print and online directories.

**NOTE: If additional space is required for any response, please attach a separate page.**

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## SECTION 1: APPLICANT INFORMATION

Full Legal Company Name: \_\_\_\_\_  Has the right to all of Canada

Trade/Brand Name: \_\_\_\_\_

Head Office Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State/Country: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Website for franchise info: \_\_\_\_\_

Has the applicant previously held CFA membership?  Yes  No If "yes", when?: \_\_\_\_\_

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### Voting Member Contact

The Voting Member Contact is the primary contact for membership renewals, member surveys, invitations to programs such as the Awards of Excellence, or major membership matters. This contact holds the vote for membership on matters affecting governance, and would also be entitled to take advantage of (or assign) the complimentary CFA National Convention registration we provide to new approved members in their first year.

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

If different from above, please provide:

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State/Country: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

### Administrative Contact

The Administrative Member Contact is the individual who is authorized by the Voting Member Contact to interact with CFA and serve as a liaison between the Voting Member Contact and the Association. This contact will be the primary contact to receive e-communications, newsletters, and bulletins on behalf of the member.

Same as Voting Member Contact

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

If different from above, please provide:

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State/Country: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

**\*Franchise Sales Contact**

CFA members receive a complimentary listing for one brand on LookforaFranchise.ca and in the annual FranchiseCanada print directory. Please tell us who should be listed in this public listing.

Same as Voting Member Contact

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

If different from above, please provide:

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State/Country: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

**\*SECTION 2: BUSINESS & HISTORY INFORMATION**

Please provide a brief description of your franchise concept: *(Note: Attach any sales/promotional material, if applicable)*

Use this description for my listing on LookforaFranchise.ca and the annual FranchiseCanada print directory

Use separate promotional description attached. (500 characters max., including spaces and punctuation)

**\*Please select ONE of the following categories that best describes your concept.**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Advertising/Marketing/Promotional Products & Services | <input type="checkbox"/> Environmental Products and Services       | <input type="checkbox"/> Janitorial & Maid Services           |
| <input type="checkbox"/> Accounting/Tax Services                               | <input type="checkbox"/> Event Planning                            | <input type="checkbox"/> Lawn & Garden Supplies/Services      |
| <input type="checkbox"/> Automotive & Truck Service/Products/Rentals           | <input type="checkbox"/> Financial/Cash Services                   | <input type="checkbox"/> Mobile Businesses                    |
| <input type="checkbox"/> Beauty/Cosmetics/Supplies                             | <input type="checkbox"/> Food - Baked Goods/Coffee/Donuts          | <input type="checkbox"/> Pets - Sales/Supplies/Services       |
| <input type="checkbox"/> Business - Supplies/Equipment & Services              | <input type="checkbox"/> Food - Grocery/Specialty Shops            | <input type="checkbox"/> Printing/Copying/Shipping            |
| <input type="checkbox"/> Business Consultants/Services/Training                | <input type="checkbox"/> Food - Meal Assembly                      | <input type="checkbox"/> Real Estate                          |
| <input type="checkbox"/> Children's Products & Services                        | <input type="checkbox"/> Food - Quick Service Restaurants          | <input type="checkbox"/> Retail                               |
| <input type="checkbox"/> Commercial - Janitorial Services                      | <input type="checkbox"/> Food - Restaurants/Dining Rooms           | <input type="checkbox"/> Seniors/Home Care & Services         |
| <input type="checkbox"/> Commercial - Supplies/Equipment & Services            | <input type="checkbox"/> Hair & Nail Salons / Spas                 | <input type="checkbox"/> Sign Products & Services             |
| <input type="checkbox"/> Commercial/Residential Services                       | <input type="checkbox"/> Health/Fitness/Nutrition                  | <input type="checkbox"/> Sports/Recreation/Entertainment      |
| <input type="checkbox"/> Computer/Software/Internet                            | <input type="checkbox"/> Home - Decorations/Furnishings            | <input type="checkbox"/> Tanning Salons                       |
| <input type="checkbox"/> Consumer Buying Services                              | <input type="checkbox"/> Home - Improvement/Renovation/Restoration | <input type="checkbox"/> Travel                               |
| <input type="checkbox"/> Dry Cleaning/Clothing Care                            | <input type="checkbox"/> Home - Inspection Services                | <input type="checkbox"/> Weight Loss Services/Body Contouring |
| <input type="checkbox"/> Educational Products & Services                       | <input type="checkbox"/> Home - Maid/Cleaning Services             | <input type="checkbox"/> Wine Making                          |
| <input type="checkbox"/> Employment/Personnel Services                         | <input type="checkbox"/> Home Based Businesses                     | <input type="checkbox"/> Other                                |
|  | <input type="checkbox"/> Hospitality Products/Services             |   |
|  | <input type="checkbox"/> Hotels/Motels/Campgrounds                 |   |

\*Date when the brand began operation: \_\_\_\_\_

\*Date when the brand began franchising: \_\_\_\_\_

**\*Franchised Units** (Please indicate the current number of Franchised Units according to province/territory)

Canada:

BC	AB	SK	MB	ON	QC	NB	PEI	NS	NFLD	YT	NT	NU

Total U.S.: \_\_\_\_\_

Total International: \_\_\_\_\_

**\*Corporate Units** (Please indicate the current number of Corporate Units according to province/territory)

Canada:

BC	AB	SK	MB	ON	QC	NB	PEI	NS	NFLD	YT	NT	NU

Total U.S.: \_\_\_\_\_

Total International: \_\_\_\_\_

**SECTION 3: OPERATIONS**

Please answer the following:

1. What is the current number of people employed by the applicant franchisor's headquarters, corporate locations, and its affiliated brands in Canada? \_\_\_\_\_
2. On average, how many people are employed at a typical franchised location in Canada? \_\_\_\_\_
3. How many franchisees belong to the franchise system in Canada? \_\_\_\_\_
4. Does the system have a formal Franchisee Advisory Board/Council in place? \_\_\_\_\_
5. \*Current initial franchise fee(s): \$ \_\_\_\_\_ (in Canadian dollars)
6. Current royalty fee in Canada:  
\_\_\_\_\_ % of gross sales or \$ \_\_\_\_\_ (flat fee) or  Other (please describe below)  
\_\_\_\_\_
7. Current national advertising fees in Canada (e.g. National/Brand/Ad Fund Fees):  
\_\_\_\_\_ % of gross sales or \$ \_\_\_\_\_ (flat fee) or  Other (please describe below)  
\_\_\_\_\_
8. Current local/regional advertising fees in Canada:  
\_\_\_\_\_ % of gross sales or \$ \_\_\_\_\_ (flat fee) or  Other (please describe below)  
\_\_\_\_\_
9. Other Fees (i.e. Training, Call Centre, Referral, etc.). Please describe: \_\_\_\_\_  
\_\_\_\_\_ % of gross sales or \$ \_\_\_\_\_ (flat fee)
10. Number of NEW Units in the past two (2) years: Corporate Units: \_\_\_\_\_ Franchised Units: \_\_\_\_\_
11. Closures (please provide information on the following based on the past two (2) years):
  - a. Number of Corporate Units closed: \_\_\_\_\_  
Explanation: \_\_\_\_\_
  - b. Number of Franchise Units which have been terminated/cancelled by the Franchisor: \_\_\_\_\_  
Explanation: \_\_\_\_\_
  - c. Number of Franchise Units which have not been renewed by the Franchisor: \_\_\_\_\_  
Explanation: \_\_\_\_\_

- d. Number of Franchise Units which have been reacquired by the Franchisor: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- e. Number of Franchisees which have otherwise left the system: \_\_\_\_\_  
 Explanation: \_\_\_\_\_

## SECTION 4: PRINCIPALS/AFFILIATES OF APPLICANT

### List all the Principals:

(Ex.: Major shareholders, directors, general partners and officers of the applicant who will have day-to-day management responsibilities relating to the franchise. Major shareholders are considered to be those owning more than 10% of the voting shares. If a principal has multiple capacities, indicate capacities)

Name/Title: \_\_\_\_\_

Name/Title: \_\_\_\_\_

### List all the Affiliates:

I. Legal Co. Name: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_ Business of affiliate: \_\_\_\_\_

II. Legal Co. Name: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_ Business of affiliate: \_\_\_\_\_

III. Legal Co. Name: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_ Business of affiliate: \_\_\_\_\_

## SECTION 5: DISCLOSURE INFORMATION

1. **Total gross sales for your most recent fiscal year** (defined as the total system-wide sales in Canada, including franchise and corporate units, and not just royalty revenue of the franchisor.)

Total for Corporate Units: \$ \_\_\_\_\_ Average for Corporate Units: \$ \_\_\_\_\_

Total for Franchised Units: \$ \_\_\_\_\_ Average for Franchised Units: \$ \_\_\_\_\_

2. **Has the applicant, any predecessor, any major shareholder (10% or more), director, officer, or general partner of the applicant, having day-to-day management responsibilities related to the franchise:**

- a. Been involved with any franchise system which has failed in the past or had any registration or licence in any jurisdiction suspended or cancelled?  Yes  No
- b. Been adjudged or voluntarily become bankrupt, re-organized due to insolvency; taken the benefit of any statute for the relief of bankrupt or insolvent debtors; or become subject to any pending bankruptcy, insolvency or reorganization proceeding?  Yes  No
- c. Had any conviction(s) for an indictable offence under the Criminal Code of Canada, within the last seven (7) years, which remains outstanding?  Yes  No

## SECTION 6: REFERENCES

### Lawyer

Firm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Bank

Bank Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## SECTION 7: 2019/20 MEMBERSHIP DUES & PAYMENT INFORMATION (Effective July 1, 2019)

Indicate your dues category based on the total gross sales for your most recent fiscal year (defined as the total system wide sales in Canada, including franchise and corporate units, and not just royalty revenues of the Franchisor).

### STEP 1: SELECT YOUR DUES CATEGORY

Gross Sales	Annual Dues	Gross Sales	Annual Dues
<input type="checkbox"/> Up to \$500,000	\$995	<input type="checkbox"/> \$25,000,001 - \$50,000,000	\$7,403
<input type="checkbox"/> \$500,001 - \$1,000,000	\$1,487	<input type="checkbox"/> \$50,000,001 - \$75,000,000	\$7,897
<input type="checkbox"/> \$1,000,001 - \$1,500,000	\$1,981	<input type="checkbox"/> \$75,000,001 - \$100,000,000	\$8,390
<input type="checkbox"/> \$1,500,001 - \$2,000,000	\$2,474	<input type="checkbox"/> \$100,000,001 - \$150,000,000	\$8,882
<input type="checkbox"/> \$2,000,001 - \$2,500,000	\$2,966	<input type="checkbox"/> \$150,000,001 - \$300,000,000	\$9,376
<input type="checkbox"/> \$2,500,001 - \$3,000,000	\$3,460	<input type="checkbox"/> \$300,000,001 - \$500,000,000	\$9,869
<input type="checkbox"/> \$3,000,001 - \$4,000,000	\$3,953	<input type="checkbox"/> \$500,000,001 - \$750,000,000	\$10,361
<input type="checkbox"/> \$4,000,001 - \$6,000,000	\$4,445	<input type="checkbox"/> \$750,000,001 - \$1,000,000,000	\$10,855
<input type="checkbox"/> \$6,000,001 - \$8,000,000	\$4,939	<input type="checkbox"/> \$1,000,000,001 - \$1,500,000,000	\$11,348
<input type="checkbox"/> \$8,000,001 - \$10,000,000	\$5,432	<input type="checkbox"/> \$1,500,000,001 - \$2,000,000,000	\$11,840
<input type="checkbox"/> \$10,000,001 - \$15,000,000	\$5,924	<input type="checkbox"/> \$2,000,000,001 - \$2,500,000,000	\$12,334
<input type="checkbox"/> \$15,000,001 - \$20,000,000	\$6,418	<input type="checkbox"/> \$2,500,000,001 - \$3,000,000,000	\$12,827
<input type="checkbox"/> \$20,000,001 - \$25,000,000	\$6,911	<input type="checkbox"/> \$3,000,000,001 – and over	\$13,319

### STEP 2: SELECT YOUR MEMBERSHIP TYPE

#### I want to sign up for a One-Year Membership

Please provide a deposit equal to one year's dues at the applicable rate with application.

#### I want to sign up for the Special Two-Year Membership

The two year membership freezes your dues at your first year's rate for a second year and provides you with immediate access to the Zor-2-Zor Mentorship Program.

#### Two Year Payment Options:

- Check here to pay the Two-Year Membership in full
- Check here to pay the Two-Year Membership Payment Plan

Please provide 50% deposit equal to one year's dues at the applicable rate with application.

The balance of second-year's dues paid by credit card in 12 equal installments during the first year of membership. The amount to be confirmed on the paid invoice to follow

### Step 3: Select your Payment Method

<b>APPLICABLE SALES TAX CHART</b> GST/HST Registration Number: R122972920 QST Registration Number: 1212953071	<b>Method of Payment:</b> <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> E-transfer Please send the email transfer to our accountant, Gary Martini-Wong at gmartini-wong@cfa.ca.	Credit Card Number:
		Expiry:
<input type="checkbox"/> BC, AB, MB, NU, NWT, SK, YK: 5% GST <input type="checkbox"/> ON: 13% HST = 13% <input type="checkbox"/> QC: 5% GST + 9.975% PST = 14.975% <input type="checkbox"/> NB, NS, PEI, NL: 15% HST = 15% <input type="checkbox"/> US/INT: 0%	<b>Membership Dues:</b> \$ <b>Applicable Taxes:</b> \$ <b>Total:</b> \$	Cardholder Name:
		Signature:

(NOTE: You must sign the Acknowledgement on the next page)

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## SECTION 8: HOW DID YOU LEARN ABOUT CFA?

Referred by (Name/Company): \_\_\_\_\_

Advertisement/Article/Mailing (please specify): \_\_\_\_\_

Other (please specify): \_\_\_\_\_

**What benefits are most important to you in joining CFA?** (please select below all that apply)

- Enhanced credibility    Government relations & advocacy    Lead generation    Educational events  
 Networking & social events    Group savings    Professional development & mentorship  
 Best practice resources & articles    Other (please specify): \_\_\_\_\_

**What other Franchise Associations do you belong to?** (please select below all that apply)

- Conseil Québécois de la Franchises    International Franchise Association    British Franchise Association  
 Franchise Council of Australia    Other (please specify): \_\_\_\_\_
- 

## SECTION 9: APPLICATION CHECKLIST (Incomplete applications cannot be processed)

The following documents are necessary for completing your application. Incomplete applications cannot be processed. Please ensure that you have included all of the following documents with your application submission:

- Completed and signed application form with payment
  - Current Disclosure Document (if operating only in provinces without disclosure legislation, please provide a document that meets CFA disclosure requirements: [www.cfa.ca/DisclosureGuide](http://www.cfa.ca/DisclosureGuide))
  - Current franchise agreement
  - Signed CFA Code of Ethics
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## SECTION 10: AUTHORIZATION, DECLARATION AND ACKNOWLEDGMENT

By checking the “Agreement/Signature” box below, I authorize the following:

1. I represent and warrant to the CFA that I have authority to act on behalf of the applicant.
2. I certify that the applicant has the exclusive rights to grant franchises in all of Canada.
3. I declare that the information given on or pursuant to this application is true and complete and not misleading in any way.
4. On behalf of the applicant, I authorize the CFA to make enquiry of such persons and organizations, including the applicant’s franchisees and any other parties with which the applicant has business or financial relations, and any credit reporting agency, bank or credit grantor, as the CFA considers reasonably necessary to obtain credit and other information regarding the applicant and the applicant’s principals.
5. I confirm, on behalf of the applicant, that the applicant has read and understood, and endorses and subscribes to the CFA Code of Ethics, including CFA disclosure requirements. I acknowledge, on behalf of the applicant, that any failure of a CFA member to comply with the Code of Ethics may result in suspension of membership privileges or in termination of membership without refund of dues paid.
6. Membership dues are non-refundable following approval of membership.

<b>Company Name:</b>	<b>Date:</b>
<b>Authorized Signing Officer:</b>	<b>Title:</b>
<input type="checkbox"/> <b>Agreement &amp; Signature of Signing Officer:</b> (please check box)	

Return your completed application form and supporting documents to the CFA Membership Department by:

E-mail: [lgervasi@cfa.ca](mailto:lgervasi@cfa.ca) • Fax: 416-695-1950 • Mail: 116-5399 Eglinton Ave W, Toronto, ON M9C 5K6

Questions? Contact Lou Gervasi, CFA Membership Sales, at [lgervasi@cfa.ca](mailto:lgervasi@cfa.ca)

# Code of Ethics

Revised March 19, 2007



**Canadian  
Franchise  
Association™**

The Canadian Franchise Association (CFA) is dedicated to encouraging and promoting excellence in franchising in Canada. Each member of the Association, by becoming a member and upon renewing its membership from time to time, agrees to abide by this Code of Ethics and to further the Association's goals in encouraging and promoting ethical franchising in Canada. Each member of the Association agrees to comply with the spirit of this Code of Ethics in its general course of conduct and in carrying out its general policies, standards, practices. The following are considered by the Association to be important elements of ethical franchising practices:

1. Franchise system and a franchise support services member should fully comply with Federal and Provincial laws, and with the policies of the Canadian Franchise Association.
2. A franchisor should provide prospective franchisees with full and accurate written disclosure of all material facts and information pertaining to the matters required to be disclosed in advance to prospective franchisees about the franchise system a reasonable time [at least fourteen (14) days] prior to the franchisee executing any binding agreement relating to the award of the franchise.
3. All matters material to the franchise relationship should be contained in one or more written agreements, which should clearly set forth the terms of the relationship and the respective rights and obligations of the parties.
4. A franchisor should select and accept only those franchisees who, upon reasonable investigation, appear to possess the basic skills, education, personal qualities and financial resources adequate to perform and fulfil the needs and requirements of the franchise. Franchise systems and franchise support services members of the Association should not discriminate based on race, colour, religion, national origin, disability, age, gender or any other factors prohibited by law.
5. A franchisor should provide reasonable guidance, training, support and supervision over the business activities of franchisees for the purposes of safeguarding the public interest and the ethical image of franchising, and of maintaining the integrity of the franchise system for the benefit of all parties having an interest in it.
6. Fairness should characterize all dealings between a franchisor and its franchisees. Where reasonably appropriate under the circumstances, a franchisor should give notice to its franchisees of any contractual default and grant the franchisee reasonable opportunity to remedy the default.
7. A franchisor and its franchisees should make reasonable efforts to resolve complaints, grievances and disputes with each other through fair and reasonable direct communication, and where reasonably appropriate under the circumstances, mediation or other alternative dispute resolution mechanisms.
8. A franchisor and a franchise support services member should encourage prospective franchisees to seek legal, financial and business advice prior to signing the franchise agreement.
9. A franchisor should encourage prospective franchisees to contact existing franchisees to gain a better understanding of the requirements and benefits of the franchise.
10. A franchisor should encourage open dialogue with franchisees through franchise advisory councils and other communication mechanisms. A franchisor should not prohibit a franchisee from forming, joining or participating in any franchisee association, or penalize a franchisee who does so.
11. A franchise support services member in providing products or services to a franchisor or franchisee should encourage the franchisees to comply with the spirit of this Code of Ethics. A franchise support services member should not offer or provide products or services if legislative or professional qualification is required to do so unless the franchise support services member has such qualification.

**By checking the box you confirm that you have read,  
understood, endorse and subscribe to this Code of Ethics.**

**Please Initial:**