



Associate Member

Application for Associate Membership

Irish Franchise Association

Associate Membership

Associate membership is available to franchisors new to franchising or whose franchise business has been running for less than two years and who are initially unable to fulfill the requirements for Full membership. Associate membership must be renewed annually or an application be submitted for Full membership, whichever is appropriate. Franchisors must show that they use an ethically constructed contract and offer documents that present a fair picture.

Checklist of documentation and information required for application:

- Completed application form.
- Bank reference form – confirming the franchisor continues to meet terms & conditions of their banking arrangements.
- Copies of Operations Manual and Training Schedule, for inspection and return.
- Current legal agreement with franchisees, (or master license agreement) for review in order to assess whether the system is a bona fide BFF (Business Format Franchise) and complies with the Association's Code of Ethics, etc.
- List of franchisees, if applicable (names, addresses, emails, commencement dates.)
- Current prospectus/info pack for franchisees.
- Confirmation of an active pilot operation in Ireland, satisfactory evidence of business liquidity and viability, and confirmation that the Directors have never been adjudged guilty of bankruptcy offences or deemed to be unsuitable to become company Directors (i.e. restricted or disqualified.)
- Confirmation that a programme of ongoing support for franchisees is in place
- Three Trade Creditor letters.
- Confirmation that the franchisors are not directors of companies supplying the franchisees.
- Written authorization to take up trade references / referees.
- Copy of most recent trading Accounts.

Membership Application Form for Associate Membership

1. Applicant Details

(a) Please tick ✓ the square beside the category which describes your type of organisation or structure:

Limited Company	<input type="checkbox"/>	Sole Trader	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Public Company	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>		

(b) Full Name/s:

(c) Trading Name (if different):

(both names will appear on the Certificate of Membership)

(d) Full Names (including all former names) of Directors or Partners:

(e) Incorporation Date:

(f) Co. Reg No:

- (g) Vat Number: _____
- (h) Street Address: _____

- (i) Postal Address
(If different) _____

- (j) Web Site Address: _____
- (k) Email: _____
- (l) Phone: _____
- (m) Fax: _____
- (n) Contact Name/s: _____

- (o) Mobile No: _____
- (p) List affiliated or associated companies (if any) and indicate relationship to applicant:

- (q) List franchise companies in which Directors or their families have an interest, or have previously had an interest (if any):

2. System Details

(a) Where does your franchise support system originate from?

(b) If overseas, please state where?

(c) Are you trading under a master franchise or master license arrangement?

(d) If yes, please give details of franchisor:

Company Name: _____ Address: _____

Contact Person: _____ Phone: _____

State completely and concisely the exact nature of your business. This should indicate a description of the product or service and its distribution from you to the ultimate consumer. *(This information (max. 30 words) will also be used for your listing on the Association's website).*

(e) In which year did this business begin operating? _____

(f) In which year did the business begin granting franchises? _____

(g) List any franchise association or other trade country associations of which the applicant or any overseas principal is a member:

3. Solvency Declaration

Please have the following completed by your accountant:

The undersigned hereby certifies that they have reasonable grounds to believe that the applicant will be able to pay its debts as and when they fall due and that the applicant is solvent as at today's date.

Signed: _____
Director/Partner/Principal

Signed: _____
Director/Partner

Dated: _____ **Stamp:** _____

4. Application Fee

Please make a cheque made payable to the **Irish Franchise Association** or make payment by credit card.

For credit card payments of your Application Fee, please complete the following:

Please Debit my Credit Card: **Visa** ☐ **Mastercard** ☐
(Please place a tick ✓ in the relevant box)

Expiry Date:	/	Amount to be Debited:	€650
Card Number:			
Name on Card:			
Signature:			

5. Lodging Your Application

Please submit the completed Application Form and attachments to:

Irish Franchise Association
Kandoy House,
2 Fairview Strand,
Dublin 3

Phone: +353 1 8134555
Email: info@irishfranchiseassociation.com
Web: www.irishfranchiseassociation.com

Declarations & Commitments

I hereby apply for Associate membership with the Irish Franchise Association. I have received and read the conditions which apply to Membership of the Association and in making this application agree that my company will use its best endeavours to meet those conditions.

1. I/We can confirm that the information provided in and with this application is a true representation of the facts and includes all information which might be reasonably regarded as pertinent to my acceptance for membership of the Irish Franchise Association.
2. I/We agree to be bound by the Association's complaints procedures and to any amendments thereto agreed by the Association.
3. I/We agree to be bound by the Association's disciplinary and appeals procedures and to comply with any notices or instructions issued under those procedures and any amendments thereto agreed by the Association.
4. I/We agree to comply with the Association's requirements and conditions for re-accreditation and any amendments thereto agreed by the Association.
5. I/We agree to comply with the Association's Code of Ethical Conduct and any amendments thereto agreed by the Association.
6. I/We agree to abide by the Advertising Standards Authority Code of Practice.
7. I/We agree that we will not sell, offer for sale or distribute any product or render any service, or promote the sale or distribution thereof, under any representation or condition which has a tendency, capacity or effect of misleading or deceiving purchasers or prospective purchasers.
8. I/We agree to use our best endeavours to adopt best practice in franchising as agreed and published by the Association from time to time.
9. I/We agree to notify the Association at the earliest possible opportunity of any material change in ownership, direction, financing or operation of our business and to provide copies of new relevant legal documents.
10. I/We agree to comply with the request for copies of non-confidential information to be held by the Association, in the case of offer documents and sample franchise agreements, to be open to inspection by the franchisor's appointed franchisees.
11. I/We agree to provide authorised officials of the Association access to but not copies of confidential information reasonably required in accrediting or re-accrediting our company to membership but only on the basis that the Association contractually requires its officials to maintain the confidentiality of same information.

12. I/We agree to require any individual or organisation engaged by us to discharge any of our functions as a franchisor in Ireland, to secure compliance with the Association's requirements on us as members in their conduct of activities on our behalf.
13. I/We understand that I/We are not under any obligation to seek future membership and that the Association is under no obligation to accept any future application. I/We also understand that if I/We are accepted as a member, that membership may be withdrawn by the Association if it has reasonable cause to do so.
14. I/We authorise the Association to make any credit and/or reference check or inquiry it may require to verify the details of this application.
15. I/We confirm that I/We understand that membership may be suspended or terminated by the Association if I/We fail to comply with the Rules, the Code of Practice and the Code of Ethics or if I/We are found to have made any false statements or misrepresentations in relation to this application.
16. I/We also confirm that I/We consent to all of the above enquiries being made to any third parties and in this regard I/We waive any rights that either the Applicant or I/We may have under the Privacy Act 1993.

To be signed by the Chairman or Managing Director making the application.

Signed:

For and on behalf of:

Position Held:

In the presence of:

Practising Solicitor / Commissioner for Oaths

Dated:
