



Affiliate Member

***Application for
Affiliate Membership***

Irish Franchise Association

Affiliate Membership:

For professional advisers who have proven skills associated with the franchise sector.

An applicant may be accepted and may continue as an Affiliate member if that applicant:

- Does not qualify for Full or Associate membership.
- Is a legal person or corporate body carrying on business as a trading entity **and**
- Certifies that s/he/ it is financially sound.
- Is prepared to and does disclose reasonable details of its services in connection with franchising if called upon by the Board to do so.
- Is carrying on business in one or more of the following categories:
 - **Accounting**
 - **Business Broker**
 - **Banking**
 - **Franchise Consultant**
 - **Educational Body**
 - **Legal Service Provider**

Checklist of documentation and information required:

- Completed application form
- Evidence of professional standing
- Evidence of franchise experience (through references/interview)

In order to satisfy requirements 1 and 2 above the provision of satisfactory evidence will be as follows:

Legal Firms

Professional Standing	Through the Law Society
Franchise Expertise	Through references

Accountants

Professional Standing	Through the accounting regulatory body
Franchise Expertise	Through references

Banks

Professional Standing	Through experience and presence in the market
Franchise Expertise	Through the establishment of a dedicated franchise unit

Consultants

Professional Standing	Through an examination of work done and by interview or through a professional qualification in consulting
Franchise Expertise	Through examination of franchising work done and by interview or by references or client endorsement

Other Professionals

Professional Standing	Through an appropriate qualification or examination of work done and by interview
Franchise Expertise	Through examination of work done in conjunction with franchisors/ franchisees and by interview or by references

Interviews may be required to be conducted by the Association's membership committee or by the Association's official as appropriate.

Where references are required a minimum of two should be supplied. You must also provide the following:

1. A brief history of your company's involvement with franchising and of the principals/partners involvement in franchising.
2. Specific details of the nominated officers' franchising experience.
3. A copy of your company's promotional literature.
4. A copy of the latest company annual report (where available).

In addition franchise consultants will be required to adhere to the following Code of Conduct.

A Franchise Consultant shall at all times in the conduct of his/her business observe the following Code of Conduct:

1. Put the interests of his/her client above his/her own interests and observe the highest standards of competence and integrity.
2. To adopt an independent and objective attitude towards the client so as the advice given is based upon impartial consideration of the facts.
3. To respect the confidentiality of all information received concerning a client's business and not to disclose or permit to disclose (to the consultant's own advantage) of any such information without the client's prior permission to do so, in writing.
4. To disclose to his/her client or prospective clients any personal or financial interests or other material circumstances which might in any way influence his/her work for that client, in particular in the following areas:
 - a. Any directorship or significant interest in any business which competes with the client;
 - b. Any financial interests (or other benefits) in goods and services recommended by the consultant for use by the client;
 - c. Any personal relationship with any individual in the client's employment;
 - d. Not to advise any franchisee or potential franchisee in relation to the scheme or opportunity offered by a franchisor for whom the consultant acted or whose business may compete with that of a client of the consultant;
 - e. And to inform the client immediately of any change in or the coming into existence of any such circumstance as referred to.
5. Unless specifically affiliated as a recruitment consultant, not to assist a franchisor with the recruitment of franchisees under arrangements which include per capita recruitment fees or other financial arrangements which could have the effect of influencing the advice given to franchisors on their recruitment decisions.
6. To acknowledge the role and special professional skills of other advisors, in particular franchise lawyers, advising franchisors accordingly.

Membership Application Form For Affiliate Membership

1. Applicant Details

Application for initial grant of, or renewal of, Affiliate Membership of the Irish Franchise Association.

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

Sole Trader ☐

Partnership ☐

Public Company ☐

Other (please describe) ☐

(b)	Full Name/s:
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(c)	Trading Name (if different):
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(both names will appear on the Certificate of Membership)

(d)	Full Names (including all former names) of Directors or Partners:
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(e)	Incorporation Date:	
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(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) **Nature of Services**
 State completely and concisely the exact nature of your business. This should indicate a description of the service you offer to the franchise sector. (This information (max. 30 words) will also be used for your listing on the Association's website).

(q) **Directors/Partners/
 Principals**
 Designated IFA
 Representative _____

Position: _____

Phone:

Mobile:

Fax:

Email:

- (r) Please give a brief history of your involvement with franchising, along with the names of two referees who are prepared to sponsor this application.

Name: _____ Mobile: _____

Name: _____ Mobile: _____

On behalf of [_____] I hereby make application to the Irish Franchise Association for AFFILIATE membership

Signed: _____

Position: _____

Date: _____

2. 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:			

3. 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 Affiliate 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 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 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 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.
8. 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.
9. I/We authorise any credit and/or reference checking and inquiry verifying the details of this application the Board of the Association may require.
10. 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 or I/We are found to have made any false statements or misrepresentations in relation to this application.

To be signed by the Managing Director or Managing Partner of the company.

Signed:

For and on behalf of:

Position Held:

Dated:
