

MEMBERSHIP APPLICATION

For more information regarding eligibility and membership criteria, please email membership@franchise.org.au.
Once complete please email this form to membership@franchise.org.au.

General Information

Required for all Membership Categories.

Company Name	Preferred name for FCA Membership Website listing		
Trading Name			
Head Office Address	State		Postcode
Telephone	Fax	ABN	Operating in: NSW/VIC/SA/NT/ACT/QLD/WA
Website			
Email	Number of employees		
Number of corporate sites	Franchise sites	Multi Brand sites	

Select Your Category (please select one)

Emerging Innovator Influencer Influencer Plus Franchisee Service Provider Service Provider Plus

Primary Contact

This is the main membership contact to the FCA. Required for all categories.

Title	Mr	Mrs	Miss	Ms	Other (Please Specify)		
Name			Job Title				
Direct Email			Phone		Mobile		

Company CEO / Managing Director

Required for all categories.

Title	Mr	Mrs	Miss	Ms	Other (Please Specify)		
Name			Job Title				
Direct Email			Phone		Mobile		

Accounts Payable Contact

Title	Mr	Mrs	Miss	Ms	Other (Please Specify)		
Name			Job Title				
Direct Email			Phone		Mobile		

Training/Education Contact

Title	Mr	Mrs	Miss	Ms	Other (Please Specify)		
Name			Job Title				
Direct Email			Phone		Mobile		

Company Description

Provide a brief explanation about the company. Services offered, locations, involvement in franchising.

Additional Information

Required documentation to be submitted with your application.

ABN Registration evidence (certificate or screen shot sufficient) List of all company directors

Business Industry

Accounting Services	Advertising and Promotion	Advisory Services	Automotive (retail and service)
Building (retail and service)	Business Services	Consultants	Education and Training
Financial Services	Health and Lifestyle	Household Services	Information Technology
Legal Services	Leisure and Entertainment	Real Estate	Mobile Services
Retail - Food - Restaurant	Retail - Food - Non Restaurant	Retail - Household Goods	Other (Please Specify)

I, _____ (Name)

of _____ (Address)

hereby certify in connection with this application for membership and subsequent renewal of membership of the Franchise Council of Australia on behalf of

_____ (Name of Applicant)

that to the best of my knowledge and belief after making due inquiry:

- I am a principal, director or trustee of the Applicant and I am authorised by the Applicant to make this certification on its behalf
- I, the undersigned, being a director, trustee or principal of the Applicant, where the Applicant is a Franchisor, hereby certify that
 - The business opportunity being offered constitutes a 'franchise' as defined under the Franchising Code of Conduct ("Code") and the Corporations Law;
 - The franchisor has a current disclosure document in accordance with annexure 1 of the Code; and
 - The Franchisor complies with the Code and is not knowingly either directly or indirectly involved in a breach of the Code.
- All of the principals, partners and directors of the Applicant are of good character and reputation.
- All of the principals, partners and directors of the Applicant agree to comply with the Constitution of the Franchise Council of Australia and the FCA Members Standards.
- The FCA reserves the right to call for a current disclosure document from franchisor and master franchisee members at any time.

Eligibility Requirements

- Have you or any of the principals, partners and directors of the Applicant ever been convicted in the past 10 years of a criminal offence, notifiable offence or are there any pending charges against you? Y N
- Have you, or any of the principals, partners and directors of the Applicant, ever been a debtor in any Sequestration Order, Deed of Assignment, Composition or Deed of Arrangement under the provisions of the Bankruptcy Act? Y N
- Have you, or any of the principals, partners and directors of the Applicant, ever been a Director of a Company to which a Receiver, a Provisional Liquidator, a Liquidator, a Scheme Manager or an Official Manager has been appointed while you were Director or within six months after you ceased to be a Director? Y N
- Have you, or any of the principals, partners and directors of the Applicant, ever been refused membership or had membership forfeited, of a statutory, professional, academic institution or other body which may have a bearing on your professional capacity? Y N
- Have you, or any of the principals, partners and directors of the Applicant, ever been subject to disciplinary proceedings by a statutory, professional, academic institution or other body which may have bearing on your professional capacity? Y N

If you have answered Yes to any of these questions, your application will be considered on its merits.

Signature _____

Date _____

Each membership application must be nominated and seconded by senior representatives from two separate FCA member companies:

Nominator

Company _____

Position _____

Signature _____

Date _____

Secunder

Company _____

Position _____

Signature _____

Date _____

TERMS AND CONDITIONS: FCA memberships are often annual and non-refundable once the membership period begins. If a member wishes to cancel, it may only take effect at the end of the current membership term, depending on the terms agreed upon at sign-up.

	EMERGING	INNOVATOR	INFLUENCER	INFLUENCER PLUS	FRANCHISEE	SERVICE PROVIDER	SERVICE PROVIDER PLUS
Sites	1-25	26-50	51+	51+			Additional to Service Provider
Investment (plus GST)	\$2,500	\$3,500	\$4,900	\$15,900	\$350	\$2,900	\$2,900