

**SW KFC FRANCHISEE ASSOCIATION
MEMBERSHIP DUES FORM
FRANCHISEE**

NAME: _____

**CORPORATE
NAME:** _____

NUMBER OF STORES: _____

**MAILING
ADDRESS:** _____

TELEPHONE: _____ **FAX:** _____

E-MAIL ADDRESS: _____

AMOUNT DUES PAID: _____

DATE: _____

DUES STRUCTURE AS ADOPTED BY THE MEMBERSHIP IS AS FOLLOWS:

\$100 PER FRANCHISEE PLUS \$30 PER STORE OWNED

EXAMPLE: 1 STORE OWNED-\$100+\$30=\$130

2 STORES OWNED-\$100+\$60=\$160

THE SW KFC ASSOCIATION PAYS YOUR NATIONAL DUES (AKFCFA)

PLEASE REMIT TO: SW KFC FRANCHISEE ASSOCIATION

82 GREEN #7 DR.

ST. CHARLES, MO 63303