

SW KFC Franchisee Association

**MEMBERSHIP DUES FORM
INSTITUTIONAL MEMBERS**

REPRESENTATIVE

NAME: _____

CORPORATE

NAME: _____

MAILING

ADDRESS: _____

TELEPHONE: _____ **FAX:** _____

E-MAIL ADDRESS: _____

AMOUNT DUES PAID: _____

DATE: _____

DUES STRUCTURE AS ADOPTED BY THE MEMBERSHIP IS AS FOLLOWS:

\$200 PER COMPANY PER YEAR

PLEASE REMIT TO: SW KFC FRANCHISEE ASSOCIATION

82 GREEN #7 DR.

ST. CHARLES, MO 63303