7-Eleven FOASC
225 E Santa Clara Street
Suite 220
Arcadia, CA 91006
Phone: 818-357-5985

MEMBERSHIP APPLICATION

Last Name: _____ First Name: _____ Spouse: _____

Home Address: _____ City: _____ State:_____ Zip:_____

Home Phone: _____ Cell Phone:_____ Fax:_____

Store Address: _____ City: _____ State:_____ Zip:_____

E-Mail: _____@_____ (for F.O.A.S.C. purposes only)

Store Number: _____ Market: _____Telephone # _____

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Store Number: _____ Market: _____Telephone # _____

Are you incorporated? Yes ☐ No ☐

If yes, what is Corporate Name: _____

Would you be interested serving on a subcommittee? Yes ☐ No ☐

I, the undersigned, hereby apply for membership(s) in the 7-Eleven FOA Southern California and the National Coalition of Associations of 7-Eleven Franchisees. Membership is to begin upon receipt of the initiation fee ($100 per membership) and upon acceptance into these Associations as a full member. I further understand that I have a seventy-two (72) hour recession period in which to change my mind about joining these Associations and will receive my initiation fee back in full, if this right is exercised. I further agree to abide by the by-laws of FOASC and have received and reviewed a copy of the bylaws.

Termination of this agreement must be done in writing to the F.O.A. and will take place at the end of the calendar month received.

I authorize the 7-Eleven Corporation to charge my open account for charges below.

____ please charge my open account #970 the $100 initiation fee to join the Franchise Owners Association
(Init)
____ I authorize my open account #970 to be charged a membership fee of $5.00 per month. I also
(Init) authorize that an additional $5 to be charged per month for each additional location.

X_____ _____ _____
Franchisee Signature Date Store Stamp

Please return completed applications to 7-Eleven FOA Southern California at the address listed above.