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 #		
Store Number:	Market:	Telephone #		
Store Number:	Market:	Telephone #		
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.				
XFranchisee Signature		Date	Store	e Stamp

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