



Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Parent Company: \_\_\_\_\_

Address of Parent Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Total Number of Companies In Your Portfolio: \_\_\_\_\_

Total Number of Franchised Brands In Your Portfolio: \_\_\_\_\_

Names of Franchised Brands & Number of Locations Per Brand (if more than five – list top five):

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Do all of your Franchised Brands have a current Franchise Disclosure Document (FDD)?

Yes       No

Brand Industry (select all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Automotive         | <input type="checkbox"/> Information & Technology |
| <input type="checkbox"/> Cleaning           | <input type="checkbox"/> Retail                   |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Pets                     |
| <input type="checkbox"/> Food               | <input type="checkbox"/> Senior Home Care         |
| <input type="checkbox"/> Home Services      | <input type="checkbox"/> Various Brands           |
| <input type="checkbox"/> Hotel/Hospitality  |   |

So we can better serve our members, please indicate below which of the following you are most interested in (Select all that apply):

- Networking /Roundtable Opportunities
- Discover Opportunities for Cross/Shared Marketing or Events
- Educational Opportunities
- Brand Referrals (acquisition/sales)
- Franchisee Referrals
- Leadership Mentorship
- All



Additional Comments:

Signature:

Date:

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If not completing the application online, please send via e-mail to [karen.sorrell@theemba.org](mailto:karen.sorrell@theemba.org).