



Independent Council of
Jackson Hewitt Franchisees

Administrative Use ONLY:

QB _____ EConf _____

DB _____ OL _____ WS _____

ID/PW _____

**Full Membership APPLICATION Form
Current Date - April 2010**

This form is to be used by Franchisees applying for Full Membership in the ICJHF. You should use this form if you were not a member of the IAJHF on the day of Unification (October 21, 2008), even if you became a Full-Member since then. If you were a member of the IAJHF on that day, STOP. You will need to fill out a Full Membership RENEWAL Form. Please call 866-763-1010 if you need assistance.

PLEASE PRINT. Franchisees owning an interest in multiple entities are asked to complete one application for each entity. Membership fee is based upon the total number of territories owned, regardless of the number of entities involved and is capped at \$704.00 for the year ending in April 2010.

Section 1- Member Info

Entity's Name _____

3 Letter Code(s) _____ Entity Number _____

Number of Years in JH System _____ Number of Territories Owned _____

Owners Name: First _____ Last _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email address, **NOT JH Mail (required)** _____

Alternate Contact Name _____ Phone _____

Would you like to be included in the web directory available to ICJHF Members ONLY?

_____ Yes! Please list me in the ICJHF Member Directory _____ No! I don't want to be listed

Section 2- Region Information

CIRCLE ALL STATES IN WHICH YOU CURRENTLY OPERATE YOUR JH BUSINESS.

West	Central	Midwest	South	Mid-Atlantic	Northeast
Alaska	Arkansas	Illinois	Alabama	Delaware	Connecticut
Arizona	Colorado	Indiana	Florida	DC	Maine
California	Iowa	Kentucky	Georgia	Maryland	Massachusetts
Hawaii	Kansas	Michigan	Louisiana	New Jersey	New Hampshire
Idaho	Minnesota	Ohio	Mississippi	North Carolina	New York
Montana	Missouri	Tennessee	South Carolina	Pennsylvania	Rhode Island
Nevada	Nebraska	West Virginia		Virginia	Vermont
Oregon	New Mexico	Wisconsin			
Utah	North Dakota				
Washington	Oklahoma				
Wyoming	South Dakota				
	Texas				



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Section 3- Dues Calculation

Territories and Dues Levels (# of territories is per entity).

# Territories	Dues	# Territories	Dues
1	\$88.00 \$66.00	5	\$440.00 \$330.00
2	\$176.00 \$132.00	6	\$528.00 \$396.00
3	\$264.00 \$198.00	7	\$616.00 \$462.00
4	\$352.00 \$264.00	8 or more	\$704.00 \$528.00

Section 4- Payment

_____ Paying by check? Mail to the address below.

_____ Paying by credit card? Fax to the number below.

Signature _____

Date _____

MC VISA CC#

EXP / Security Code Billing Address Zip Code

Referred by (Name/Entity #) _____ / _____