



MEMBERSHIP APPLICATION

GREAT WHITE NORTH FRANCHISEE ASSOCIATION

Membership is open to all Tim Hortons franchisees that own or operate Tim Hortons franchises, except for those franchises that are owned or operated by, or affiliated with, TDL Group Corp. or Restaurant Brands International or its owners.

Date _____

Store #

Name of Operator/
Shareholder(s)

Name of Corporation

Names of all Guarantors

Office Address

City _____ Province _____ Postal Code _____

Email _____ Telephone _____

HST/GST Number: _____ Number of Years as an Operator: _____

Please check any of the below statements that apply:

I would like to receive communications from the Great White North Franchisee Association (GWNFA) and/or Himelfarb Proszanski Barristers and Solicitors about GWNFA's activities, offers, letters to TDL/RBI, and related information. I understand that I may withdraw my consent and unsubscribe from GWNFA's communications at any time.

For more information please contact info@gwnfa.ca or jleech@himprolaw.com . If you have any questions about the collection of your personal information, view our [Privacy Policy](#).

By checking this box, I agree to commit an *additional* \$1000 per store plus applicable taxes if and when needed by the Association within the current year.

By checking this box, I am indicating my wish to be an anonymous member which means that the Association will not have access to my information. Instead, my information will be held by Himelfarb Proszanski Barristers & Solicitors and only non-identifiable information will be provided to the Association regarding my membership. I understand that certain identifiable information will be accessible to [SSCI](#), the administrator for the Association's website.

Note: Please be aware that if you are a member (regardless of whether you are anonymous or not) your confidentiality will be protected and your membership information will not be disclosed to any personnel working for or associated with RBI/TDL. Only select the "anonymous member" option if you do not want your information shared with the Association.

I certify I am owner/operator as explained above and qualify for membership in this Association and will abide by the By-Laws. I further understand the current membership fee for 2017 is \$1000 per store plus applicable taxes.

Signature

HOW TO SUBMIT YOUR APPLICATION

IF YOU ARE AN ANONYMOUS MEMBER, PLEASE SUBMIT YOUR APPLICATION TO:

FAX: Himelfarb Proszanski, 416.599.3131

MAIL: Himelfarb Proszanski Barristers and Solicitors
480 University Avenue, Suite 1401
Toronto, Ontario, M5G 1V2

EMAIL: jleech@himprolaw.com

IF YOU ARE A NON-ANONYMOUS MEMBER, PLEASE SUBMIT YOUR APPLICATION TO:

FAX: GWNFA, 905.823.2222

MAIL: Great White North Franchisee Association
2133 Royal Windsor Drive, Unit 23.
Mississauga, Ontario, L5J 1K5

EMAIL: membership@gwnfa.ca



PAYMENT OWING FOR 2017 YEAR

$$\frac{\text{stores}}{\text{stores}} \times \$1000 = \frac{\text{fee}}{\text{fee}} + \text{HST/GST} = \frac{\text{subtotal}}{\text{subtotal}} + \frac{\text{applicable tax}^*}{\text{applicable tax}^*} = \frac{\text{total}}{\text{total}}$$

*Note that applicable taxes are determined by the province in which you reside

NON-ANONYMOUS MEMBERS PAYMENT METHODS

Payment by Credit Card

I hereby authorize the amount of \$ _____ plus HST/GST, for a total of \$ _____ to be charged to my credit card account by Great White North Franchisee Association as follows:

Type of Card (VISA or Mastercard): _____
Name of Account Holder: _____
Account Number: _____
Expiry Date: _____
Amount: _____
Signature: _____
Date: _____

Payment by Cheque

Make cheques payable to "Great White North Franchisee Association" and mail to the address indicated below.

Payment by Wire Transfer

Account - Great White North Franchisee Address: 2133 Royal Windsor Dr. #23, Mississauga, ON L5J1K5
Bank Branch – 003 Bank Address: 1730 Lakeshore Rd. W., Mississauga, ON L5J1J5
Transit # - 00942 Account # - 1010149
Swift Code – ROYCCAT2

ANONYMOUS MEMBERS PAYMENT METHODS

Payment by Credit Card

I hereby authorize the amount of \$ _____ plus HST/GST, for a total of \$ _____ to be charged to my credit card account by Himelfarb Proszanski * as follows:

Type of Card (VISA or Mastercard): _____
Name of Account Holder: _____
Account Number: _____
Expiry Date: _____
Amount: _____
Signature: _____
Date: _____

Payment by Cheque

Make cheques payable to Himelfarb Proszanski Barristers and Solicitors In Trust, and mail to Himelfarb Proszanski at the address indicated below.

Payment by Wire Transfer

Account – Himelfarb Proszanski, Address – 480 University Avenue, Suite #1401, Toronto, Ontario, M5G 1V2
Barristers and Solicitors In Trust Bank Address - 111 Grangeway Avenue, Scarborough, Ontario, M1H 3E9
Bank Branch – 003 Transit # – 05752 Account # - 021000021
Swift Code: ROYCCAT2

*Note that Himelfarb Proszanski will transfer the funds received and deposited into its trust account to the GWNFA account (without identifying who the funds are from)