



www.gwnfa.ca

MEMBERSHIP APPLICATION

GREAT WHIT 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 _____

Name 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 continue 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 I may withdraw my consent and unsubscribe from GWNFA's communications at any time.

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

By checking this box, you wish to donate to the GWNFA. GWNFA staff will contact you regarding donation details.

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 that I am an owner/operator as explained above and qualify for membership renewal in this Association and will abide by the By-Laws. I further understand that current membership fee for 2019 is \$725 for the first store, \$325 for additional stores plus applicable taxes.

Signature

HOW TO SUBMIT YOUR APPLICATION

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

Himelbarb Proszanski Fax: 416-599-3131

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

EMAIL: gwnfa@himprolaw.com

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

GWNFA FAX: 905-823-2222

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

EMAIL: membership@gwnfa.ca

WEBSITE: www.gwnfa.ca (for registration)

PAYMENT OWING FOR 2019 YEAR

$(1 \times \$725 = \$725) + (\quad \times \$325 = \$ \quad) + (\text{HST/GST } \$ \quad) = \$ \quad$
(1st store x fee = subtotal) + (add't stores x fee = subtotal) + (applicable tax*) = total membership fee

**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 Matercard): _____

Account Number: _____

Expiry Date: _____ CVV#: _____

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
Bank Branch – 003
Transit # - 00942
Swift Code – ROYCCAT2

Address: 2133 Royal Windsor Drive, Unit 23, Mississauga, ON L5J 1K5
Bank Address: 1730 Lakeshore Road West, Mississauga, ON L5J 1J5
Account # - 1010149

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 Matercard): _____

Account Number: _____

Expiry Date: _____ CVV#: _____

Amount: \$ _____

Signature: _____

Date: _____

Payment by Cheque

Make cheques payable to "Himelfarb Proszanski Barristers and Solicitors" and mail to Himelfarb Proszanski at the address indicated below

Payment by Wire Transfer

Account – Himelfarb Proszanski Barristers
and Solicitors In Trust
Bank Branch – 003
Transit # - 05752
Swift Code – ROYCCAT2

Address: 480 University Avenue, Suite 1401, Toronto, ON M5G 1V2
Bank Address: 111 Grangeway Avenue, Scarborough, M1H 3E9
Account # - 021000021

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