

Just fill out this form, and you're **DONE!**



# PATRONAGE DIVIDEND CONTRIBUTION FORM

## NAASF SUPPORT AUTHORIZATION FORM

The undersigned hereby authorizes and directs Independent Purchasing Cooperative, Inc. ("IPC") to pay from the IPC Patronage Dividend otherwise payable to Franchisee the sum of \$100\* (US) for each of Franchisee's stores listed below directly to **North American Association of SUBWAY® Franchisees**, to help defray NAASF's operating costs.

Franchisee Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
(street address) (city) (state/province) (zip/postal code)

Phone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Development Agent Name: \_\_\_\_\_

**\* You may contribute more than \$100/store if you wish (in \$50 increments). Please check one below:**  
**\$150/store** \_\_\_\_\_ **\$200/store** \_\_\_\_\_ **\$** \_\_\_\_\_ **/store (must be in \$50 increments)**

The stores for which this payment should be made are:

Store Number(s): \_\_\_\_\_  
*(Please use separate sheet if necessary)*

This authorization will continue and IPC will automatically deduct and pay this \$100 (US) per store to **NAASF** every year from your Patronage Dividend Check until you cancel this authorization in the manner described below.

*By filling out this form, you automatically become (if you are not already) a NAASF Member.*

Franchisee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***NAASF thanks you for your generous support!***

NAASF, Inc. • Attn: Kelly Brough/Membership Chair • P.O. Box 8774, Toledo OH 43623 •  
Toll free Fax: (866) 590.9865

Complete this form or download it at [www.naasf.org](http://www.naasf.org)

If you wish to cancel this \$100 (US) per store payment, please send your cancellation notice prior to August 31, (IPC's fiscal year end) for that December's dividend payment by mail to Mr. R. Goethel, IPC, 9200 South Dadeland Blvd., #705, Miami, FL 33156.