



DQOA MEMBERSHIP APPLICATION
PHONE (952) 556-5511
Fax (952) 556-5522
www.dqoa-dqoc.com

SEND TO:
 DQOA/Membership
 1719 Lake Drive West
 Chanhassen, MN 55317

Date: _____ New Membership: Yes / No
 Membership Year: _____ Total Number of Stores you own: _____

* Membership Dues Are \$250 Per Store, Per Year
 * Platinum Dues - \$395 Per Store, Per Year
 * All DQOA memberships renew annually January 1st

Contact Information - (Please Print)

Name (Franchisee) _____ Cell* (____) _____
 Company Name _____ Home (____) _____
 Mailing Address _____ Work (____) _____
 City _____ State _____ Zip _____ Fax (____) _____
 Email Address _____
 Communication Preference: Electronic / Print *Would you like to receive text messages with pertinent, time sensitive information? Yes / No (you may opt out at any time)
 Fed. ID# **COMPLETE W-9 ON BACK**

Store Information

If you own more than one store, all of your stores must be members to participate in patronage dividends.

#1 IDQ# _____ Store Type _____ Store Phone (____) _____
 Street Address _____ DMA# _____
 City _____ State _____ Zip _____
#2 IDQ# _____ Store Type _____ Store Phone (____) _____
 Street Address _____ DMA# _____
 City _____ State _____ Zip _____
#3 IDQ# _____ Store Type _____ Store Phone (____) _____
 Street Address _____ DMA# _____
 City _____ State _____ Zip _____

Please list additional stores on a separate sheet.

Franchisee Signature _____ **Date** _____

Method of Payment: Check _____ VISA _____ MasterCard _____ Discover _____ Amex _____ Exp. Date _____
 Card Account# _____ Print name on card _____ Cardholder's Signature _____

IDQ# _____

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-			-		
OR									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶

If you need full W-9 instructions or additional forms, you may contact our office at (952) 556-5511 or you can go to www.irs.gov.