



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

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

Date: _____ New Membership: Yes / No
Membership Year: _____ Total Number of Stores you own: _____
Referral: _____
Referring Member Name Member Number

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

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 by September 1st 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

**Request for Taxpayer
Identification Number and Certification**

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

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 of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
<input type="checkbox"/> Other (see instructions) ► _____	(Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions.	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number													
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OR													
Employer identification number													
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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 for Part II, later.

Sign Here	Signature of U.S. person ► _____	Date ► _____
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If you need full W-9 instructions or additional forms,
you may contact our office at (952) 556-5511
or you can visit www.irs.gov.