



DAIRY QUEEN®
OPERATORS' ASSOCIATION,
INC.

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

- * Regular Membership Dues - \$300/store/year
- * Platinum Membership Dues - \$450/store/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 _____

Total Due: _____ Payment Type: Check ____ Credit Card ____ (VISA/MasterCard/Discover/Amex) Exp. Date _____

Card Account#

Print name on card

Cardholder's Signature

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </div> <div style="margin-top: 5px;"> <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) </div> <div style="margin-top: 5px;"> Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Other (see instructions) </div>		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	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. See also *What Name and Number To Give the Requester* 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 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.

Please note, IRS regulations require us to have a current, matching W-9 form on file for all companies or individuals receiving dividend and/or mix rebate checks.