



DQOA MEMBERSHIP APPLICATION
 Phone (952) 556-5511
 Fax (952) 556-5522

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

Name (Franchisee) _____ Date ____/____/____
 (Please Print)

Company Name _____ Membership Year _____

Mailing Address _____

City _____ State (Prov.) _____ Zip _____

Store Address _____

City _____ State (Prov.) _____ Zip _____

IDQ #: _____ Fed. ID#: COMPLETE W-9 ON NEXT PAGE

Store Type: _____ DMA#: _____

Home Phone (____) _____ Work Phone (____) _____

Fax Number (____) _____ A New Membership? Y / N

E-mail Address _____

If you own more than one store, you must sign up all of your stores for any of your stores to be members of the DQOA.

Total Number of Stores you own? _____
 Total Amount Remitted? \$ _____

* Membership Dues Are \$250 USD Per Store, Per Year
 * All DQOA memberships Renew Annually January 1st.

Method of Payment (please check one): Check _____ VISA _____ MasterCard _____ Exp. Date _____

Card Account # _____ Print name on card. _____ Cardholder's Signature _____

Application for membership must be signed by Franchisee and approved by the Board of Directors of DQOA.

Franchisee _____ **Date** _____

Please list additional stores:

#2 Store Manager _____ Store Phone # (____) _____
 Street Address _____
 City _____ State _____ Zip _____
 IDQ # _____ Store Type _____

#3 Store Manager _____ Store Phone # (____) _____
 Street Address _____
 City _____ State _____ Zip _____
 IDQ # _____ Store Type _____

#4 Store Manager _____ Store Phone # (____) _____
 Street Address _____
 City _____ State _____ Zip _____
 IDQ # _____ Store Type _____

IDQ# _____

Form **W-9**
(Rev. November 2005)
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.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
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 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 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:

1. 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
2. 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
3. I am a U.S. person (including a U.S. resident alien).

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 4.)

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 <http://www.irs.gov/pub/irs-pdf/fw9.pdf>.