



Michigan Dairy Queen Operators Association
Membership Form, Year 2018
Annual Dues \$50 Per Store

Make check payable to: MDQOA

Mail to: **Please Make Note of the New Address**
MDQOA
400 Lakeside Drive
Waterford, MI 48328

Store # _____

Owners Name: _____

Company Name: _____

Address: _____

Street

City

State

Zip

Store Phone # _____ Home Phone # _____

Cell Phone # _____

Email Address _____

Mailing Address (If Different From Store)

Street

City

State

Zip

Please fill out all information so we can update our records. If you have more than one store please add additional stores information and numbers to back of this form. **Please note: It is \$50 per store.**

Date Paid: _____ Check # _____