



Michigan Dairy Queen Operators
Association Membership Form, Year 2020
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 the 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 # _____