

Great Lakes Dairy Queen Owners Marketing Group, LLC
2027 New Member Form
Join anytime, but join by 12/01/2026 to ensure all 2027 items
(One form per store)

Contact Information

First Name:	Last Name:
Email Address:	
Cell Phone:	Home Phone:

Store Information:

Store #:	Store Phone #:	
Store Address:		
City:	State:	Zip:

MARK ALL THAT APPLY

	PRICE	<u>Extended Amount</u>
☒ Treat Membership	\$ 2,700.00	\$2,700.00
☐ Add Drive Thru	\$ 700.00	
☐ Add Cakes	\$ 400.00	

PICK ONE FOOD OPTION:

	☐ No Food - Soft Serve Only	\$ -	
	☐ Limited <u>System</u> Food	\$ 500.00	
	☐ Add Drive Thru	\$ 200.00	
G & C, Brazier	☐ Full <u>System</u> Food	\$ 2,300.00	
	☐ Add Drive Thru	\$ 700.00	
	☐ Limited <u>NON-Sytem</u> Food	\$ -	

* Please let us know if you have a preview menu or 2nd DT menu

My Total:

() **YES** I want to be a member, here is my completed membership form and payment in full.

() **YES** I want to be a member but funds are limited, here is my completed membership form and my 50% deposit. I will send the remaining balance by May 15, 2027.

☐ I would like to pay by credit card, please email me an invoice. () Full Payment () 50% Deposit
CREDIT CARD PAYMENTS SUBJECT TO 3% ADDITIONAL FEE

**Please send membership
form and payment to:**

Great Lakes Dairy Queen Owners Marketing Group, LLC
PO Box 69
Dexter, MI 48130

I agree to the following: Great Lakes Dairy Queen Owners Marketing Group, LLC seeks permission from IDQ to produce all system POP materials; IDQ, in its sole discretion, may place restrictions on the use of POP materials; POP materials are produced using trademarks owned or licensed by IDQ; POP material include both printed and digital files; POP material are provided for a calendar year; POP materials may only be used in connection with operation of the purchasing store, which must be licensed to sell Dairy Queen products; POP items may only be reproduced with permission from GLDQOMG, LLC.; All digital POP may only be used for the membership year purchased and must cease if membership is not renewed; Content of Non System food menus are the sole responsibility of the purchaser/member.

Signature: _____

Date: _____

Please complete page 2 fully

Page 1

Store Information - Please Complete Fully

Store #:

POP Shipping Address:

This is the address we will ship all POP materials

Shipping Address:

City:

State:

Zip:

Billing Address:

This is the address we will mail any communication or billing

Billing Address:

City:

State:

Zip:

1) Seasonal Stores (Mark this box for use to hold your 1st kit until you tell us to ship)

☐

Mark this box to have us hold your 1st kit until you tell us to ship.

(If you do not want us to hold your 1st kit, make sure your shipping address will be able to receive shipments all year.)

2) This store serves: Coke Pepsi

3) MARK IF TRUE:

☐

This store does not sell Orange Julius

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