



Membership Application

Please return completed application to: 2685 Lapeer Rd., Suite # 101, Auburn Hills, MI 48326;

fax (248) 377-1913; email: mail@iolcf.com

Company Name: _____

Franchise #: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Contact Information

Name: _____

Phone #: _____ Mobile #: _____

Email Address: _____

____ I would like to be a member of the Independent Organization of Little Caesars Franchisees.
I understand that my membership dues will be \$5.00 / store per week.

No. of Stores: _____

Dues will be paid by: (check one)

Check _____ Credit Card (Visa / MasterCard / Amex) _____

(Please check one of the following): Annually _____ Monthly _____

Print Name: _____

Signature: _____ Date: _____

Thank you for supporting the Little Caesar Franchisee Association!