



Membership Application

Please fill out and return to: 2685 Lapeer Rd., # 201, Auburn Hills, MI 48326 or fax to (248) 377-1913

Company Name: _____

Franchise #: _____ Number of Stores: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Primary Contact Name: _____

Phone #: _____ Mobile #: _____

Email: _____

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

Dues will be paid by: (check one) ACH _____ Check _____ Credit Card _____

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

Print Name: _____

Signature: _____ Date: _____

Thank you for supporting the Little Caesar Franchisee Association!