

## Our Mission:

The IOLCF is dedicated to strengthening the Little Caesars brand and QSR position by advocating for franchisees, collaborating with corporate partners, and leading with integrity, transparency, and confidentiality.

## Member Benefits :

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- Annual IOLCF Meeting
- Vendor Partner Directory
- Monthly Vendor Partner Webinars
- Quarterly Meetings with Board of Directors
- Guidance for Legal Assistance
- Opportunity to Share/View Weekly Sales Summary
  - See how your peers are performing
- WhatsApp Community Group
  - Sharing best practices between nationwide franchisees
- Member of the Coalition of Franchisee Associations (CFA)
  - Legislative bulletins, action alerts
- Opportunity to Serve on the IOLCF Board of Directors

**Join us today and add your voice to our growing numbers.**

**Thank you! Thank you!**



[www.iolcf.com](http://www.iolcf.com)



# MEMBERSHIP APPLICATION

## FRANCHISEE INFORMATION:

Company Name: \_\_\_\_\_ Franchise #: \_\_\_\_\_ # of stores: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Fax: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

\_\_\_\_\_ 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: ☐ ACH ☐ Check ☐ Credit Card

Please check one of the following: ☐ Annually ☐ Quarterly ☐ Acct. Period

**If paying by ACH or credit card please fill out the ACH / Credit Card Authorization form and submit.**

*Thank you for joining the Independent Organization of Little Caesar Franchisees! Your commitment helps us empower franchisees, promote shared success, and strengthen our community. Together, we can continue driving excellence in franchising.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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



## OPTIONAL AUTHORIZATION AGREEMENT FOR ACH / CREDIT CARD PAYMENTS

### FRANCHISEE INFORMATION: (IF APPLICABLE)

Company Name: \_\_\_\_\_ Franchise #: \_\_\_\_\_ # of stores: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

*I hereby authorize the Independent Organization of Little Caesar Franchisees (IOLCF) to initiate debit entries to my ☐ Bank Account / ☐ Visa / ☐ MasterCard / ☐ Amex (select one) indicated below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law*

*I understand that dues to the organization are \$20/period per store*

### BANK ACCOUNT INFORMATION: (COMPLETE THIS SECTION FOR ACH TRANSACTIONS)

Bank Routing #: \_\_\_\_\_ Acct #: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Acct. Type: ☐ checking / ☐ savings

### CREDIT CARD INFORMATION: (COMPLETE THIS SECTION FOR CREDIT CARD TRANSACTIONS)

Name on card: \_\_\_\_\_ Acct #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*This authorization is to remain in full force until IOLCF has received written notification from me of its termination in such time and in such manner as to afford IOLCF and DEPOSITORY a reasonable opportunity to act on it.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date