

Please Fill Out and Fax to (703) 921-9607

APPLICATION FOR MEMBERSHIP AND DEDUCTION OF CDFOA DUES

CHEASEPEAKE DIVISION FRANCHISE OWNERS ASSOCIATION

Mailing Address: 7720 Telegraph Rd, Alexandria, VA 22310

Phone (703) 971-3412 | Email amitdhanda@cox.net | Web CDFOA.org

MARKET # _____

STORE # _____

NAME _____

Preferred Mailing Address (Check One)

STORE ADDRESS _____

HOME ADDRESS _____

E-MAIL _____

STORE PHONE # (_____) _____ - _____

CELL PHONE # (_____) _____ - _____

I/We _____ being the
Franchise holder(s) of 7-Eleven store # _____, hereby authorize 7-
Eleven Inc to charge my/our Account 97 in the amount of twenty dollars
(\$20.00) per month for store dues to be paid to an account designated by the
CHEASEPEAKE DIVISION FRANCHISE OWNERS ASSOCIATION.

Note: Payments to the CDFOA will begin on the date noted below and will be
subtracted on the 1st of every month.

Sign

Date