



Dimondale Business Association 2019 MEMBERSHIP APPLICATION

LEGAL BUSINESS NAME: _____

NAME AS IT SHOULD APPEAR ON PUBLICATIONS: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

BUSINESS PHONE: _____

WEB PAGE: _____

CELL PHONE: _____ BUSINESS EMAIL: _____

CONTACT FOR DBA COMMUNICATION: _____

PLEASE DESCRIBE YOUR BUSINESS:

DUES

\$70.00 annually

Please make checks payable to:

Dimondale Business Association, POB 202, Dimondale, 48821

AMOUNT PAID: _____

DATE PAID: _____

Thank you for supporting the Dimondale Business Association.

discoverdimondale.com