

Dimondale Business Association 2015 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: _____

PERSONAL EMAIL: _____

HOW DO YOU PREFER TO BE CONTACTED? _____

PLEASE DESCRIBE YOUR BUSINESS (as you would like it to appear on marketing materials):

DUES STRUCTURE

FULL MEMBER: \$90.00 Due on or before 12.31.15

- Store fronts located on the Main Commercial Corridor in the Village of Dimondale (between 354 Creyts Road and 106 Jefferson Street).

ASSOCIATE MEMBER: \$45.00 Due on or before 12.31.15

- Businesses not located in the prescribed district and interested individuals or organizations.

Please make checks payable to:

Dimondale Business Association, POB 202, Dimondale, 48821

AMOUNT PAID: _____ DATE PAID: _____