



# Dimondale Business Association 2020 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*