

Membership Form - Vendors

Membership Dues \$40
Membership Dues Cover 9/1/2023 through 8/31/2024

Make checks payable to: AFC Providers Association C/
Mail to: O Stacy Bohn, Treasurer 1525
E. Pierson Road Flushing, MI
48433

Vendor Name: _____

Vendor Description: _____

Vendor Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____ Fax: _____

Email Address: _____ Website: _____

Where would you like your business listed? Printed Directory Website