

Membership Form - Vendors

Membership Dues \$40
Membership Dues Cover 9/1/2024 through 8/31/2025

Make checks payable to: AFC Providers Association C/O
Mail to: 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