

# Membership Form - Vendors

**Membership Dues** \$40  
**Membership Dues Cover** 9/1/2022 through 8/31/2023

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