

## **Davison Area Chamber of Commerce**

P.O. Box 952, Davison, MI 48423 (810) 208–7888 director@davisonchamberofcommerce.com



## **2024 Membership Application**

## **Please Print**

Business Name:					
Business Contacts:					
Business Address:			City:	State:	Zip:
Phone:		Cell:			
Business Email:					
Do you offer a discour	nt to other Chambe	r Members?			
What Type of discount					
Additional contact to	receive Chamber n	otifications:			
Name:	Email:			Cell:	
*cell phon	e numbers will be c **make a note if y		•	•	*
	<u>Membe</u>	ership Inve	<u>estment</u>		
	Civic Group , Business / N				
The Davison Area Chamb that you	per of Commerce, off a would be interested				m know areas
Ambassador (	Quarter Mania	Flip Flop	5k Run/Walk	Festival	of Flags
Stars & Stripes Go		• •	-		•
			ection Lunche		
Please make che	ecks pavable to	: Davison	Area Cham	ber of Com	nerce
		P.O. Box			
		Davison,	MI 48423		
Check #					
Date:/					
Authorized Signature:					
Credit Card #	<u> </u>	_	Exp Date:		o #

NOTE: There will be a small service fee added to all debit and credit cards transactions.