

315 W. Huron Street, Suite 340 · Ann Arbor, MI 48103 · (734) 995-7281

MEMBERSHIP APPLICATION

Date:		
Business Name:		
Contact Person:		Title:
Physical Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		
Website:		
Billing Address:(if differing from physical add		
City:	State:	Zip:
	ommodations (Hotels, Bed & Bre ons, Retail Businesses, Service Bu Enclosed is a payment of \$ _	sinesses, Corporate, Non-Profit Organizations
We accept payments by credit care	d or check.	
Please make checks payable to: Destination Ann Arbor 315 W. Huron St. Suite 340 Ann A	rbor, MI 48103	
Credit Card Account Number:		
Expiration Date:	CVV:	Billing Zip Code:
Signature:		

If paying by credit card, please email application to akarbo@annarbor.org or mail to Destination Ann Arbor office.