



119 West Division Street Ishpeming MI 49849

Application Form

NAME: _____ **Business Name:** _____

Address: _____ **Phone:** _____

City: _____ **State:** ____ **ZIP:** _____

Email : _____

Website: _____

For Web Posting: (a brief description of your business and offerings): _____

Dues are payable yearly \$50.00 Please send to: Ishpeming Business Association

119 West Division Street

Ishpeming MI 49849