



1 MITCHELL BLVD., SUITE B | SAN RAFAEL, CA 94903 | 415 925 2060 | TOLL FREE 866 925 2060 | FAX 415 925 2063

### Partnership Application

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Classification / Rate: \_\_\_\_\_

Do you have information for display / distribution at the MCVB?

Yes  No

Do you wish to receive more information about placing your information in MCVB fulfillment pieces or other promotional opportunities?

Yes  No

Total amount enclosed: \_\_\_\_\_

Company Check  Personal Check

You may forward your application and check to our letterhead address; please also attach your business card if possible. Please call Gina Marr at 415-925-2060, x. 14 or email [gina@visitMarin.org](mailto:gina@visitMarin.org) if you have any questions.

Please submit payment to the address listed on this letterhead.

.....  
**MCVB OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Paperwork Processed: \_\_\_\_\_

Follow-up call to New Member: \_\_\_\_\_ Comments: \_\_\_\_\_

Date Membership Packet Mailed: \_\_\_\_\_ Date Member Brochures Expected: \_\_\_\_\_

Added to E-Commerce Database: \_\_\_\_\_

