



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, Membership Director at 415-925-2060, x. 14 or email gina@visitMarin.org if you have any questions.

Please submit payment to the address listed on this letterhead.

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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: _____

