



## Partnership Application

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

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

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

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

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

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

Please mail your application and check payment to Marin CVB at 1 Mitchell Boulevard, Suite B, San Rafael, CA 94903 and Attention it to Gina Marr-Hiemstra. Please attach your business card in available. Please call Gina at 415-925-2060 or email [gina@visitMarin.org](mailto:gina@visitMarin.org) if you have any questions.

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MCVB OFFICE USE ONLY

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

Date Member Brochures Expected and  
Comments: \_\_\_\_\_

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