



# Cadillac Area Visitors Bureau

## Marketing Partnership/Membership Renewal

All Marketing Partnership/Membership Applications are reviewed and approved at the CAVB Monthly Board Meetings. Please fill out and return 30-60 days prior to the third Tuesday of January, March, May, July, September, November to ensure timely board approval. Upon approval, you will be contacted to review your information and obtain additional photos. Printed Guide LISTING deadline is the third Friday of August annually.

<b>2018-19 CAVB PARTNERSHIP DUES</b>	\$ 250.00	\$ <u>250.00</u>
<i>Less Chamber/ DCA discount</i>	< \$100.00 >	< \$ <u>.00</u>
Plus Enhanced Marketing Listing	\$ 100.00	\$ <u>.00</u>
<b>TOTAL DUE with application</b>		\$ <u>.00</u>

Payment is due in full upon approval. Payments plans may be negotiated on an as needed basis. *Make Checks Payable to: Cadillac Area Visitors Bureau. A \$50 return check fee will be applied for all non-sufficient fund checks received. Your membership must be paid in full prior to any benefits of membership fulfillment. Unless otherwise agreed upon.*

**Contact Information** (e-mail addresses below will be added to the e-blasts list)

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

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

City/State/Zip \_\_\_\_\_

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

Primary Contact: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

**UPON APPROVAL:**

- **Business Survey** - we will contact you and send/verify your survey so we can fully plug you into our media plan.
- **Photos/Logo** – send via e-mail in .tif or .jpg format, high resolution preferred, (indicate order preference) up to 5 photos. We will reduce for web use. Email to: [visit@cadillacmichigan.com](mailto:visit@cadillacmichigan.com)

*By authorized signature below we accept and understand the terms and conditions of the Cadillac Area Visitors Bureau Marketing Partnership and understand that there is no implied guarantee of acceptance.*

X \_\_\_\_\_

Authorized Signature

Date

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Application must be signed by authorized agent of the company noted above.**

**E-mail to [visit@cadillacmichigan.com](mailto:visit@cadillacmichigan.com), fax to 231-779-5933, or mail to:**

**CAVB, Att: Partnership 201 N. Mitchell St, Cadillac, MI 49601**