



## Membership Referral Form

*Please complete both sections as completely as possible*

### Prospective Business/Organization

Business Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Any additional information you would like to share about this prospect: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Referring Marin Builders Association Member

Member Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please indicate how you would like your bonus distributed:

Pledge my bonus to the Marin Builders Association Scholarship Fund

Pledge my bonus to the Adopt-a-Highway Program

Apply my bonus to my membership account

Distribute my bonus by check

Distribute my bonus in cash