



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 dues

Distribute my bonus by check

Distribute my bonus in cash