



Visit Lewis Clark Valley
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PARTNERSHIP APPLICATION

Please complete the application and either email or mail back to VLCV

About You:

Name of Business or Organization: _____

Main Contact Individual: _____ Title: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different): _____

Phone Number: _____ Email Address: _____

Website: _____ Number of Employees: _____

Primary Business: _____

Communication:

VLCV sends email updates and sales leads on a weekly basis, and a E-newsletter on a monthly basis to keep our Partners informed on what is happening at the visitor bureau. Please list all employees in your organization who would benefit from these email updates:

Name: _____ Email: _____

Name: _____ Email: _____

Please include a description of your business or organization for our website and other materials. (25 words or less):

Investment:

Based on Partnerships levels I agree to invest \$ _____ annually be a Visit Lewis Clark Valley Partner.

Payment:

Please return your membership form with your check payable to:

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