



MACo ASSOCIATE PARTNERSHIP APPLICATION

COMPANY INFO

Name _____

Address _____

Website _____

PRIMARY CONTACT

Name _____

Title _____

Email _____

Phone _____

SECONDARY CONTACT

Name _____

Title _____

Email _____

Phone _____

PARTICIPATION LEVEL

Gold \$15,000 Silver \$7,500 Sponsor \$2,500 (per event)

PAYMENT METHOD

Check Enclosed * Send Invoice Credit Card **

Cardholders Name _____

Credit Card Number _____ Exp. Date _____ CVV _____

*Make all checks payable to the Montana Association of Counties

**All credit card transactions require a processing fee

Signature _____

Date _____

By signing this application, you are approving the terms of the agreement and authorizing the Montana Association of Counties to charge the payment method you provided.

Questions? We got you!

Eric Bryson, Executive Director
(406) 461-2084 | ebryson@mtcounties.org

Jason Rittal, Deputy Director
(406) 698-3255 | jrittal@mtcounties.org

Your support of the MACo Associate Partner Program is greatly appreciated!