



# 2018 MLA Advantage Card

Partner/ Retailer Form

MLA Partner/ Retailer Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

Twitter name: \_\_\_\_\_ Facebook name: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Offer to MLA members: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Qualifications/ Restrictions on offer: *(ie. over \$100 purchase, between May and Oct 2017)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Signature of authorizing Partner/ Retailer: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Please Email your application form to [info@mla.on.ca](mailto:info@mla.on.ca)  
Mail: Box 298, Port Carling, ON P0B 1J0 Fax: 705-765-3203  
Phone: 705-765-5723