



APPLICATION / PROPOSAL

To become an SCMA Business Partner, please provide the information requested below and complete the application on page 2. If you need more space, please use additional sheets.

Company Overview

- Provide company contact information and website URL.
- Provide a company overview.
- Describe your business focus and primary market.
- What experience do you have, if any, of supporting issues central to the interests and needs of SCMA members?

Products and Services

- Describe your company's products and/or services.
- Describe your customer service guarantee(s).

Business Proposal

- What benefit or pricing incentive would SCMA members receive as a result of your partnership with SCMA? Please describe.



Terms & Conditions

- Only top-rated quality businesses or consultants with a product or service that meets the needs of SCMA physician members will be considered.
- Business Partners agree to provide discounted rates exclusive to SCMA members and guarantee prices are the lowest offered to any individual.
- Business Partners must submit a completed Business Partner Application/Proposal, which will be reviewed and approved by the SCMA Executive Director.
- All participating Business Partners will be contracted for a full one-year term, regardless of start date.
- Personal information of SCMA member physicians may not be duplicated or shared with any organization other than the contracted organization. Additionally, any marketing mailing labels provided to Business Partners are to be used one (1) time only and may not be duplicated.
- SCMA will accept no more than two (2) Business Partners providing like goods or services.

Payment Information

Company _____

Primary Contact _____

Title _____

Phone _____ Email _____

Partnership Level: EXCLUSIVE PARTNER (fee to be determined)
 ENDORSED PARTNER (\$12,000 annual fee)
 BUSINESS PARTNER (\$7,000 annual fee)

DATE OF PARTNERSHIP APPLICATION _____

VISA MasterCard Amex Check Payable to SCMA

Card # _____ Exp. _____ Total amount approved _____

Cardholder Billing Address _____ ZIP _____

Authorized Cardholder Signature _____

Payment will be processed at time of SCMA Business Partnership approval.

Please send Business Partner Application/Proposal to:

Wendy Young, Executive Director
Sonoma County Medical Association
6173 Lockwood Dr. • Windsor, CA 95492
exec@scma.org | Direct: **707-620-0808**



**SONOMA COUNTY
MEDICAL ASSOCIATION**

Exceptional physicians leading our community into better health