



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.
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
2312 Bethards Dr. #6 • Santa Rosa, CA 95405
exec@scma.org | Direct: 707-525-4141



SONOMA COUNTY MEDICAL ASSOCIATION

Exceptional physicians leading our community into better health