

Become a Preferred Member Benefit Partner

Our asks of you to become a preferred member benefit partner of NYSPMA

- Offer your product/service at a discount to NYSPMA members
- Provide a royalty payment back to NYSPMA
- Exhibit at either NYSPMA's annual Clinical Conference or Shuffle off to Buffalo conference
- Commit to \$5,000 of advertising on the NYSPMA website or sponsorship of the President's message

The Value provided to NYSPMA's Preferred Member Benefit Partners:

- Listing and direct link to your website on the NYSPMA Member Benefit Partner Program page
- Endorsement by NYSPMA which can be used on partner's marketing material and digital media
- Exposure to NYSPMA members, their colleagues, office, and staff
- Increase in sales from NYSPMA members and colleagues
- Website and weekly President's Message advertising

As-

**Save \$2,500 on Sponsorship Benefits, Increase Your
Sales, and Connect With 1,500 NY Podiatrists**

sociate

level

member-



NEW YORK STATE PODIATRIC MEDICAL ASSOCIATION

Potential Business-Partner Summary

Thank you for your interest in developing a business partnership with us. The New York State Podiatric Medical Association (NYSPMA) is a tax-exempt not-for-profit, voluntary professional association uniting 3 of every 4 doctors of podiatric medicine in New York State. NYSPMA is the largest statewide component of the American Podiatric Medical Association and represents approximately 1200 members.

The Membership Committee seeks strategic business partnerships and affiliations for the benefit of our members, business partners, the public and the association itself.

In order to have a better and more concrete idea of the partnership please answer the following:

Company Name: _____

Contact. #1 : _____

Phone: _____

e-mail: _____

Contact. #2 : _____

Phone: _____

e-mail: _____

Web site: http:// _____

What product or service(s) do you offer?

Who are your main competitor(s)?

What advantages do you offer over your competitors?

**NEW YORK STATE
PODIATRIC MEDICAL ASSOCIATION**

The association only recommends products or services which are found to be the best for its members and which are at the absolute best price. What specific benefit or price will you offer our members?

- 1. Are you willing to enter into a business partnership where NYSPMA would be receive a royalty or stipend? **Yes** **No**

- 2. Do you require a NDA? **Yes** **No**

- 3. Will you be willing to participate and pay for the cost of participating in the annual N.Y. Clinical Conference & Trade show (usually in January) in order to promote and market your business? **Yes** **No**

- 4. Are you willing to promote and market your services to our members? **Yes** **No**

What other considerations should the Membership Committee take into account when doing business with your company?

Date: _____

Signature: _____