



NYSPHA Discount Partners

The New York State Public Health Association (NYSPHA) invites you to join the *NYSPHA Discount Partners network*. NYSPHA is a statewide association of public health professionals, students and advocates whose mission is to protect and promote the health of all New Yorkers through professional development, advocacy, networking and continuing education.

Joining the NYSPHA Discount Partners network is a mutually beneficial opportunity for both service providers/merchants and NYSPHA.

Our network partners realize benefits including but not limited to:

- The ability to provide services/products/promotions to NYSPHA members at a discounted rate independently – all promotions and fee-setting are established by the provider/merchant
- The potential for increased client/customer volume through NYSPHA's marketing of our network partners:
 - Members-only email announcements (a membership base of 300 and growing)
 - Announcements and advertisements (e-blasts) to our contact database of more than 3400 partners and supporters
 - Advertising on our website and in social media promotions
 - Advertising at in-person events such as conferences and networking events

Becoming a NYSPHA Discount Partner is as Easy as 1-2-3

- 1.** Agree to provide your specified product(s)/service(s) for NYSPHA members at a discounted fee over the general public – you set the promotion/special offer/discount
- 2.** Accept NYSPHA members and honor the designated promotion/discount set forth by your organization
- 3.** Complete the accompanying application and agree to be listed in our online directory for members

NYSPHA reserves the right to reject applications of those service providers (individuals or organizations) whose products and services are not fully consistent with the public health goals of the (event/CDC/APHA) or NYSPHA's mission. Visit www.nyspha.org/AboutUs for our full policy on advertising.



NYSPHA Discount Partner Application

I wish to be considered for inclusion in the NYSPHA Discount Partner Network.

My signature below indicates that I am in good standing as a member of my profession and that I am willing to provide the specified product(s), service(s) and/or promotions to NYSPHA members at a discounted fee over the general public.

Signature _____ Date _____

Individual Applicant or Organization Representative

Partner Information:

Please print clearly

Person completing this application _____

Provider Name _____

___ Individual Provider or ___ Affiliate / Organization

Address (main location) _____

City _____ State _____ Zip _____

County _____ Phone () _____ Fax () _____

Number of years in business _____

Website URL _____

Please describe the product(s) / service(s) and/or programs that you are offering to NYSPHA members: _____

Please specify the discount or special offer for NYSPHA members: _____

Please email completed application to: jennifer@nyspha.org

Subject line: Discount Partner Network