



NDASA Preferred Provider Program

Program Requirements:

- Participants must maintain a current NDASA Membership
- Provider must have a minimum of 2 years of relevant experience in their industry
- Provider must provide all NDASA Members an exclusive offer not available elsewhere
- Send completed submission form with required attachments, payment and required informational materials
 - High Resolution logo
 - Link to company website and/or NDASA member program page
 - 100-word ad for podcast
- Annual Preferred Provider Program fee of \$999
- Complete and return Ethics Statement Agreement

Benefits Include:

- Logo and link on the NDASA website. Preferred Provider's company description and logo will be included on the Preferred Provider Program webpage and link will be included to either an individual program page hosted on the NDASA website OR a link to the Preferred Provider's web page outlining the member benefits. Note that if linked to the Preferred Provider's website, the linked page must be specific to the NDASA program.
- Wednesday Member Minute announcements and links. Upon launch, the affinity program will be announced in the next issue of the weekly Member Minute email. Preferred Provider Program will be mentioned in each Wednesday email with a link to the NDASA Preferred Provider Program page.
- Annual announcement of Preferred Provider Program to NDASA email list every January.
- Featured article in the quarterly NDASA *NewVoice* newsletter. Preferred Provider Program members may provide one feature article regarding the member benefits, per year. If Preferred Provider does not provide an article, staff will include the program description. The issue will be determined by staff.
- Preferred Provider presentation opportunity. Preferred Providers are offered the chance to present a 30-minute webinar about their specific member benefits.
- Ten podcast sponsorship ads. Preferred Providers will receive ten advertising spots in the NDASA Member's Memo podcast. Ad spots will be determined by staff.
- Special designation at annual conference and trade show. Participants will be given "Preferred Provider" ribbons and will be designated as such in the mobile app.
- One-page marketing piece distributed at the annual conference and trade show. Preferred Provider one-pager to be provided by participant and will be placed in attendees conference materials tote bag.



NDASA Preferred Provider Submission Form

Company Name: _____

Name of Representative: _____

Address: _____

City/State/Postal Code: _____ Country: _____

Phone: _____ Email: _____

Preferred Provider Company Description: _____

Are you an NDASA Member? ____ Yes ____ No (If No, please join here: <https://ndasa.com/membership-benefits/>)

How long has company been in business? _____

What value will NDASA members receive? List any discounts or promotions. _____

How will this program generate revenue for NDASA? _____

What do you need from NDASA for this program to be successful? _____

Is the program available globally? If not, please indicate geographical limitations. _____

Does your company maintain a drug-free workplace? ____ Yes ____ No

How will program use be tracked and reported? Please attach sample reports, if available. _____

How will/should the program be marketed to be most successful? Please provide sample marketing plan and/or examples of how other associations handle the marketing and education process. _____

How many employees are available to speak to and work with members and what is the average response time? _____

References (please include current partners): _____

Do you currently work with any NDASA members and/or any entity in the screening industry? If so, who?

Please describe your experience working with associations. _____

Signature: _____ Date: _____

Return completed form to jomcguire@ndasa.com