



# MEMBER BUSINESS DIRECTORY SUBSCRIPTION FORM \$50 PER YEAR

PLEASE FILL OUT THIS FORM and EMAIL TO [scmsa.florida@gmail.com](mailto:scmsa.florida@gmail.com) OR [treasurer.scmsa.florida@gmail.com](mailto:treasurer.scmsa.florida@gmail.com)

**SUPPORT OUR ALLIANCE MEMBERS' BUSINESSES!!**

By filling out this form, you understand the following:

1. This is a paid advertisement and not an endorsement of your business. The SCMSA does not endorse or recommend any members' businesses.
2. You will indemnify and not hold responsible for any liabilities the Officers and Board of Directors of the Sarasota County Medical Society Alliance, the Sarasota Medical Alliance Foundation and their affiliates.

1. NAME OF BUSINESS \_\_\_\_\_

2. SERVICES OFFERED \_\_\_\_\_

3. PHYSICAL ADDRESS \_\_\_\_\_

4. PHONE NUMBER \_\_\_\_\_

5. WEBSITE NAME \_\_\_\_\_

6. NAME OF MEMBER (BUSINESS OWNER) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE