

# STRATEGIC PARTNERSHIP



Qualified businesses that offer health Related Services and Goods or  
Businesses that support the ICHA mission.

\$1,500/yr

\$1,150/yr

\$1,000/yr

## WELLNESS CHAMPION

- ✓ Website Listing
- ✓ Clinical Liaison Services
- ✓ Vetted Peer Referrals
- ✓ Private Access to Contact Details of Fellow Members
- ✓ ICHA Member-Only Educational/Social Gathering Event Invitations
- ✓ Private Online Networking Group Access
- ✓ Annual Membership Certificate
- ✓ Member-Only Discounts to Strategic Partner Businesses
- ✓ Commission for Member Referrals
- ✓ Invitations to ICHA and Related Healthcare Events
- ✓ Event Discounts
- ✓ Presentation Opportunity at One Educational Meeting
- ✓ Verbal Mentions at Educational Meetings
- ✓ Logo Displayed at ICHA Events
- ✓ Promotion of Your Events via ICHA Social Media & Email

## HEALTH AMBASSADOR

- ✓ Website Listing
- ✓ Clinical Liaison Services
- ✓ Vetted Peer Referrals
- ✓ Private Access to Contact Details of Fellow Members
- ✓ ICHA Member-Only Educational/Social Gathering Event Invitations
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- ✓ Annual Membership Certificate
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- ✓ Commission for Member Referrals
- ✓ Invitations to ICHA and Related Healthcare Events
- ✓ Event Discounts
- ✓ Verbal Mentions at Educational Meetings
- ✓ Logo Displayed at ICHA Events
- ✓ Promotion of Your Events via ICHA Social Media & Email

## VITALITY ADVOCATE

- ✓ Website Listing
- ✓ Clinical Liaison Services
- ✓ Vetted Peer Referrals
- ✓ Private Access to Contact Details of Fellow Members
- ✓ ICHA Member-Only Educational/Social Gathering Event Invitations
- ✓ Private Online Networking Group Access
- ✓ Annual Membership Certificate
- ✓ Member-Only Discounts to Strategic Partner Businesses
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- ✓ Invitations to ICHA and Related Healthcare Events
- ✓ Event Discounts
- ✓ Logo Displayed at ICHA Events
- ✓ Promotion of Your Events via ICHA Social Media & Email

## Individual Contact Information :

First Name :  Last Name :

Address :

Title :  Phone No :  E-Mail :

## Business Information :

Business Organization Name :  E-Mail :

Full Address :  City / State/Zip :

Website:  Phone Number :

Principal First Name  Principal Last Name:

Date of Incorporation  Legal Structure, e.g. LLC, sole proprietor, etc.  Number of Years In Business

Years at Present Location  Total FT/PT Staff  Number of locations  City/State of Additional Locations

Provide a Short Description Of Your Company

Summarize the Nature of Your Business

# ■ STRATEGIC PARTNERSHIP



Qualified businesses that offer health Related Services and Goods or  
Businesses that support the ICHA mission.

As a Strategic Partner, what savings, discounts or benefit incentives would your company offer to ICHA Professional members?

As a Strategic Partner, what savings, discounts or benefit incentives would your company like to offer to the community?

## **STRATEGIC PARTNER DECLARATION AND AUTHORIZATION:**

By submitting this application to become a Strategic Partner of Inspire Collaborative Health Association (ICHA), I, hereby declare, acknowledge, and agree to the following:

### **Accuracy of Information**

I certify that all information provided in this application is true, accurate, and complete to the best of my knowledge, and I agree to promptly notify ICHA of any material changes.

### **Business Representation & Authority**

I affirm that I am duly authorized to represent the business named in this application and to enter into agreements and partnerships on its behalf.

### **Compliance with Standards**

I understand that as a Strategic Partner of ICHA, our business is expected to adhere to high standards of quality, integrity, professionalism, and ethical conduct in providing health-related services or goods.

### **Collaboration & Mission Alignment**

I agree to collaborate in good faith with ICHA and support its mission of improving access to integrative and collaborative healthcare and fostering respectful collaboration across conventional and complementary disciplines.

### **Authorization for Verification**

I authorize ICHA to verify the information provided in this application and to conduct reasonable inquiries or due diligence related to our business, credentials, or professional standing, as applicable.

### **Visibility Without Warranty**

I acknowledge that acceptance as a Strategic Partner of Inspire Collaborative Health Association (ICHA) may include promotional visibility, recognition, or collaboration opportunities. Such visibility does not constitute a guarantee, certification, or warranty by ICHA regarding our services, products, outcomes, or business practices, nor does it imply responsibility for the quality, results, or performance of services provided.

### **No Guarantee of Referrals, Revenue, or Business Outcomes**

I understand and acknowledge that participation as a Strategic Partner of ICHA does not guarantee increased business, client referrals, revenue, visibility, or specific outcomes. Any exposure, connections, or opportunities that may arise through partnership with ICHA are variable and dependent on multiple factors beyond ICHA's control. ICHA makes no representations or promises regarding financial performance, client acquisition, or return on investment.

### **Strategic Partner Fees & Automatic Renewal**

If accepted as a Strategic Partner, I understand that payment of the applicable annual partnership fee is required. By submitting payment electronically through ICHA's payment links, I acknowledge and agree that our annual Strategic Partner dues will automatically renew each year using the payment method on file unless cancellation is requested prior to the renewal date. Payments are securely processed through Stripe. Automatic renewal may be canceled at any time by providing notice to ICHA before the renewal date.

### **Termination**

I understand that ICHA reserves the right to suspend or terminate a Strategic Partner relationship at its discretion if these terms are violated or if continued partnership is determined to be inconsistent with ICHA's mission, values, or standards.

### **Agreement to Terms**

I acknowledge that submission of this application does not guarantee acceptance as a Strategic Partner, and that all partnerships are subject to review, approval, and ongoing compliance with ICHA policies.

Signature :

Printed Name:

Title:

Date:

Business Name:

## Payment Links:

**\$1,500 Wellness Champion:** <https://buy.stripe.com/dRmaEX3Mhaiz7WVgnsclE09>

**\$1,150 Health Ambassador:** <https://buy.stripe.com/eVqbJ196B8arb977QWclE0a>

**\$1,000 Vitality Advocate:** <https://buy.stripe.com/dRmdR93Mh76na538V0clE0b>