**DCMS Circle of Friends** is a sponsorship program designed to connect your company with our member physicians. Companies that participate at the various levels can serve as valuable resources to our physicians as they make critical business decisions related to their practices. Membership in the DCMS Circle of Friends program is determined by DCMS Board approval and can renew annually.

### COMPARISON OF 2019 CIRCLE OF FRIENDS LEVEL BENEFITS

<table>
<thead>
<tr>
<th>Benefits/Level</th>
<th>DIAMOND</th>
<th>PLATINUM</th>
<th>GOLD</th>
<th>SILVER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Fee</strong></td>
<td>$10,000</td>
<td>$7,500</td>
<td>$5,000</td>
<td>$3,500</td>
</tr>
<tr>
<td><strong>Event Attendance</strong></td>
<td>All Events</td>
<td>8 Events</td>
<td>6 Events</td>
<td>4 Events</td>
</tr>
<tr>
<td>Half-page DMJ Announcement</td>
<td>1 Announcement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Set of DCMS Mailing Labels</td>
<td>2 Sets</td>
<td>1 Set</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing Table at Select Events</td>
<td>3 Events</td>
<td>2 Events</td>
<td>1 Event</td>
<td></td>
</tr>
<tr>
<td>Use of Meeting Room at DCMS Headquarters</td>
<td>4 Reservations</td>
<td>2 Reservations</td>
<td>1 Reservation</td>
<td></td>
</tr>
<tr>
<td>Opportunity to Submit DMJ Articles*</td>
<td>2 Articles</td>
<td>1 Article</td>
<td>1 Article</td>
<td></td>
</tr>
<tr>
<td>Email Sent to DCMS Members</td>
<td>2 Email Blasts</td>
<td>1 Email Blast</td>
<td>1 Email Blast</td>
<td>1 Email Blast</td>
</tr>
<tr>
<td>Complimentary DCMS Directory ($99 Value)</td>
<td>4 Copies</td>
<td>2 Copies</td>
<td>1 Copy</td>
<td>1 Copy</td>
</tr>
<tr>
<td>Complimentary DMJ Subscription</td>
<td>2 Subscriptions</td>
<td>1 Subscription</td>
<td>1 Subscription</td>
<td>1 Subscription</td>
</tr>
<tr>
<td>Profile on DCMS Web site &amp; Logo Displayed at Events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*All DMJ articles are subject to approval by the DCMS Editorial Committee.*
2019/2020 CIRCLE OF FRIENDS LEVEL BENEFITS

DIAMOND LEVEL — $10,000
- 1 half-page advertisement in the Dallas Medical Journal to announce participation or renewal at this level.
- Opportunity to attend all 9 DCMS events annually — 2 tickets to the DCMS Picnic and the DCMS Member Roundup, and 1 ticket for attendance to 7 other DCMS events.
- Opportunity to have a marketing table at 3 select events of your choice.
- Use of Meeting Room at DCMS headquarters. This room has a capacity of 75 people and must be used during DCMS office hours. This level of participation allows 4 reservations per year.
- 2 sets of DCMS mailing labels. DCMS MUST approve all mailing materials.
- 2 email blasts to DCMS membership. DCMS MUST approve all content.
- Opportunity to submit articles for publication in the Dallas Medical Journal and e-Pulse.
- 4 copies of the annual DCMS Directory ($99 value each).
- 2 annual subscriptions to the Dallas Medical Journal.
- Your company’s profile listed on the DCMS website and your company’s logo displayed at all DCMS events.

PLATINUM LEVEL — $7,500
- Opportunity to attend 8 DCMS events annually — 2 tickets to the DCMS Picnic and the DCMS Member Roundup, and 1 ticket for attendance to 6 other DCMS events.
- Opportunity to have a marketing table at 2 select events of your choice.
- Use of Meeting Room at DCMS headquarters. This room has a capacity of 75 people and must be used during DCMS office hours. This level of participation allows 2 reservations per year.
- 1 set of DCMS mailing labels. DCMS MUST approve all mailing materials.
- 1 email blast to DCMS membership. DCMS MUST approve all content.
- Opportunity to submit articles for publication in the Dallas Medical Journal and e-Pulse.
- 2 copies of the annual DCMS Directory ($99 value each).
- 1 annual subscription to the Dallas Medical Journal.
- Your company’s profile listed on the DCMS website and your company’s logo displayed at all DCMS events.

GOLD LEVEL — $5,000
- Opportunity to attend 6 DCMS events annually — 2 tickets to the DCMS Picnic and the DCMS Member Roundup, and 1 ticket for attendance to 4 other DCMS events.
- Opportunity to have a marketing table at 1 select event of your choice.
- Use of Meeting Room at DCMS headquarters. This room has a capacity of 75 people and must be used during DCMS office hours. This level of participation allows 1 complimentary reservation per year.
- 1 email blast to DCMS membership. DCMS MUST approve all content.
- Opportunity to submit 1 article for publication in the Dallas Medical Journal and e-Pulse.
- 1 copy of the annual DCMS Directory ($99 value).
- 1 annual subscription to the Dallas Medical Journal.
- Your company’s profile listed on the DCMS website and your company’s logo displayed at all DCMS events.

SILVER LEVEL $3,500
- Opportunity to attend 4 DCMS events annually — 2 tickets to the DCMS Picnic and the DCMS Member Roundup, and 1 ticket to 2 other DCMS events.
- 1 email blast to DCMS membership. DCMS MUST approve all content.
- Opportunity to submit articles for publication in the Dallas Medical Journal and e-Pulse.
- 1 copy of the annual DCMS Directory ($99 value).
- 1 annual subscription to the Dallas Medical Journal.
- Your company’s profile listed on the DCMS website and your company’s logo displayed at all DCMS events.
SUBMISSION INSTRUCTIONS
1. Complete pages 3 & 4 of Application & Participant Agreement.
2. Send Application & Participant Agreement with payment to lindsey@dallas-cms.org, fax to 214-946-5805, or mail to DCMS, PO Box 4680, Dallas, TX 75208-0680.

TYPE OF APPLICATION
☐ New Applicant  ☐ Renewal/Upgrade

LEVEL OF PARTICIPATION
☐ DIAMOND  ☐ PLATINUM  ☐ GOLD  ☐ SILVER
$10,000 annually  $7,500 annually  $5,000 annually  $3,500 annually

APPLICANT INFORMATION

Company Name _________________________________________________________________
Contact Person _________________________________________________________________
Address _______________________________________________________________________
City ____________________________________ State ______________ ZIP ________________
Phone __________________________________ Fax ___________________________________
Email ___________________________________ Web site _______________________________

PAYMENT INSTRUCTIONS
☐ By check in the amount of $_____________, made payable to: Dallas County Medical Society
☐ By credit card (If paying by credit card, complete the following:)

Credit Card # __________________________ Expiration Date _________ Security Code ______
Amount $_________________ Print Name on Card ______________________________________
Signature ________________________________________________________________________ Date ______________________
TERMS & AGREEMENT

I understand that my application is subject to approval by the DCMS Membership Committee and DCMS Board of Directors. The term of this agreement is one year from the date it is approved by the DCMS Board of Directors. This agreement does not renew automatically. I understand that participation in the DCMS Circle of Friends program is not an endorsement from DCMS.

Authorized Signature ___________________________________________ Date ______________

By signing this document, the person above agrees to the terms of membership in the DCMS Circle of Friends program and is doing so with the authority of his or her company.

DCMS Officer Signature _________________________________________ Date ______________

DATE OF BOARD APPROVAL: ____________________________

Revised 10/2018