



PARTNERS IN FAMILY MEDICINE AGREEMENT

The Louisiana Academy of Family Physicians' (LAFP) Partners in Family Medicine Program is an online resource that connects LAFP members to partnering organizations. These organizations provide patient education and high-value tools designed to support family physicians and their care teams in delivering optimal frontline care.

The following includes pricing and payment information, as well as terms and benefits for joining as an LAFP Partner in Family Medicine.

PARTNERSHIP FEE & DATES

12 Months/Annual Partnership - \$5,000

Starting month & year _____

Ending month & year _____

CONTACT

Lee Ann Albert
Membership and Outreach Coordinator
lalbert@lafp.org
225-923-3313

COMPANY INFORMATION

Partner Name _____

Agency Name (if applicable) _____

Contact Name/Title _____

Street Address _____

City/State/Zip/PO Box _____

Phone _____ Email _____

PAYMENT

Payment Method Check Visa MasterCard Discover American Express

NOTE: A non-refundable 3.5% credit card process fee will be applied to all credit card payments.

I authorize the amount of \$ _____ to be charged to the card below.

Name on card _____ Card Number _____

Expiration Date _____ CVC code _____ Billing Zip Code _____

TERMS AND CONDITIONS

I herby understand that by signing this agreement with the Louisiana Academy of Family Physicians (LAFP), **this application becomes a binding contract.** By signing below, I acknowledge that I have read and fully understand the details within, and that sponsorship can only be secured by submitting this signed, completed form. LAFP Fed Tax ID#58-1757802.

Signature _____ Print Name _____ Date _____