



Sun City's Advocate Since 1963

WELCOME SCHOA BUSINESS PARTNER

Thank you for your interest in becoming a member of the Sun City Home Owners Association's (SCHOA) robust Business Partner Referral Program.

As a Business Partner your business or service would be referred to our members. We do not recommend or endorse businesses, but refer them to our members. All referrals are provided randomly not alphabetically and there are currently over 200 different categories available for you to showcase your business.

All Business Partners are vetted according to SCHOA guidelines and we do verify your provided information with a variety of sources; the Arizona Registrar of Contractors, the Arizona Attorney General's Office, the Better Business Bureau, and other recommender's you provide to us, to ensure that your company is in good standing.

As a Business Partner there are additional opportunities to advertise your business, such as, advertising in our monthly newsletter, renting our meeting room to host seminars for our members, advertising in our annual community guide and various sponsorship opportunities that may arise throughout the year.

There is a one-time \$50 non-refundable application fee for all new member applications, regardless of acceptance into the program. Business Partners renew on an annual basis. If at any time you wish to change categories, expand your advertising, or check the number of referrals that you have received, this information will be provided to you.

Should a written complaint be filed against a Business Partner for services provided, SCHOA will review the complaint. The Business Partner will be notified in writing and is allowed 10 days to respond to SCHOA. Depending on the nature of the complaint, a Business Partner may be suspended from further referrals during this process. If a Business Partner does not respond to the complaint or is found to be negligent, they may be removed from the Business Partner Referral Program without a refund.

To apply, please complete the Business Partner Referral Program Application. Any changes in address, telephone numbers, contacts, email addresses, insurance coverage, ROC &/or applicable license numbers should be reported to our office on a timely basis to maintain current and accurate information. Thank you for your interest in our Business Partner Program.



RULES, REGULATIONS AND DISCLAIMER

- Business Partner Referral Services are offered subject to Rules, Regulations and Disclaimer. A SCHOA listing is simply a basis for referral; SCHOA does not recommend one Business Partner over another.
- Where applicable to the type of job or services offered, State License, Liability, and Worker’s Compensation information must be provided to homeowners.
- All Business Partners are required to have general liability insurance.
- Business Partners agree to comply with all applicable federal, state and local Laws.
- Business Partners agree not to hire any undocumented workers.
- SCHOA reserves the right to inactivate a Business Partner if their yearly membership dues have not been paid prior to their expiration date.
- SCHOA reserves the right to end the Agreement of Services with any Business Partner, Contractor or Service Provider for any reason on the advice of the SCHOA Board of Directors. Such action will not result in a refund of membership fees.
- If the Business Partner opts to terminate their contract with SCHOA refunds will not be given.
- As a member, you agree to hold SCHOA, its officers, Board of Directors, employees harmless from any liability incurred financially or otherwise, including attorneys’ fees and disbursements as a result of any work performed by you or damages with respect to any listings, referrals, work, assignments, decisions, instructions, transactions or strategies involving referrals.

Reminder: An up-to-date Certificate of Insurance and ROC License (where applicable) is required to be submitted.

I acknowledge and agree to the Rules, Regulations & Disclaimer as stated above.

By: _____ Title: _____

Date: _____

SCHOA MEMBER DISCOUNT (Voluntary – Please complete if you wish to offer a discount to SCHOA member:

Business Name: _____ Date: _____

Please indicate additional discounts if any. _____

This signature acknowledges that the above business wishes to be listed as a “Member Discount” Business Partner with a commitment to offer a minimum 5% discount on parts, labor or services to members of SCHOA.

Signature: _____ Title: _____

Advertising Opportunities with SCHOA

SCHOA’s Business Partners have a number of ways they can work with us to increase their visibility among Sun City residents. We want your Business Partner experience to be as beneficial to you as it can be.

- Advertise in our monthly SCHOA Newsletter
- Advertise in our SCHOA Community Resource Guide
- Sponsor our various Membership activities
- Rent our meeting room to host free seminars for our members

For more information, please call 623.242.8764 or email marketing@suncityhoa.org.

Sun City Home Owners Association (SCHOA) Business Partner REFERRAL PROGRAM Application

Please Print

Parent Company: _____
 Business Name Joining SCHOA As: _____
 BUSINESS Address: _____
 City: _____ State: _____ Zip Code: _____
 Primary Contact: _____ Position: _____
 Business Phone: _____ Cell Phone: _____ Fax #: _____
 Email: _____ Web Site: _____
 LICENSES: Type: _____ License #: _____
 Type: _____ License #: _____
 ROC License Type (if applicable) & Designation # _____ License #: _____
 Certificate of Insurance: _____ Expiration Date: _____

PLEASE PROVIDE COPY OF CERTIFICATE OF INSURANCE FOR OUR RECORDS

**Total Membership Costs
Plus Any Additional Items Selected**

Initial Annual Membership and Application Processing (\$75 Membership Fee and \$50 Application Fee) **\$ 125.00**

One Primary Category is included in your membership fee – category selected _____

SCHOA Lanyards and SCHOA Membership cards requested Number requested-up to 6 at no charge _____

Annual Advertising Services, Methods & Costs/Fees – Add to your Membership Fee above

Any Additional Lanyards Requested above 6 (\$4 each) Number requested _____ X \$4 ea. = \$ _____

Category Listings:

Each Additional Category (see attached list-circle categories and return sheet) # _____ X \$ 10 ea. = \$ _____

List Categories Selected: _____

Business Card Display: Add your card within your categories to our display wall. **\$ 50** \$ _____

Brochures Wall Display:

(4" x 9" – small) trifold size Brochures, etc. **\$ 50** \$ _____

(8" x 11-1/2" – large) Brochures, Flyers **\$ 75** \$ _____

Add links directly to your business via the SCHOA website: (www.suncityhoa.org)

1. **Hyperlink Only** on SCHOA website driving traffic to your Website **\$ 100** \$ _____

2. **Carousel - Logo Scroll & Hyperlink** on SCHOA website driving traffic to your Website **\$ 200** \$ _____

Logo size – 157 pixels x 90 pixels; format jpg or png

TOTAL AMOUNT DUE: \$ _____

Above prices are subject to change. A price change will not affect current memberships.

Payment Method by check: Check# _____ Check Amount: _____

Mail checks to: SCHOA, ATTN BUSINESS PARTNERS, 10401 W. Coggins Drive, Sun City, AZ 85351

Name on Credit Card: _____ **Billing Zip Code:** _____

Credit Card #: _____ **Expiration:** _____ **CVV:** _____

Business Partner REFERRAL PROGRAM Application

**SUBMIT FIVE REFERENCES WITH ALL INFORMATION REQUESTED - CLIENTS, CUSTOMERS, SUPPLIERS
A BUSINESS PARTNER APPLICANT WILL NOT BE ACTIVATED UNTIL A MINIMUM OF THREE REFERENCES
HAVE BEEN CONTACTED.**

****PLEASE PRINT**

BUSINESS NAME

SCHOA requires at least three (3) LOCAL references (**CLIENTS, CUSTOMERS**) that you have provided services for within the last three (3) months and (2) **SUPPLIERS, BUSINESS ASSOCIATES**.

CUSTOMER Name: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

E-mail: _____

CUSTOMER Name: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

E-mail: _____

CUSTOMER Name: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

E-mail: _____

SUPPLIER Name: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

E-mail: _____

SUPPLIER Name: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

E-mail: _____

Business Partner REFERRAL PROGRAM Application

CATEGORY DESCRIPTION PAGE TO BE COMPLETED BY BUSINESS FOR EACH CATEGORY SELECTED

❖ **PRIMARY CATEGORY (included in your membership):**

DESCRIPTION OF SERVICES:

❖ **ADDITIONAL CATEGORY (\$10):** _____

DESCRIPTION OF SERVICES:

❖ **ADDITIONAL CATEGORY (\$10):** _____

DESCRIPTION OF SERVICES:

❖ **ADDITIONAL CATEGORY (\$10):** _____

DESCRIPTION OF SERVICES:

❖ **ADDITIONAL CATEGORY (\$10):** _____

DESCRIPTION OF SERVICES:

❖ **ADDITIONAL CATEGORY (\$10):** _____

DESCRIPTION OF SERVICES:

SCHOA Business Partner REFERRAL PROGRAM Application - Categories

Currently available CATEGORIES (One category is included in membership) Revised 2/14/22

Accountant	Fans	Realtor
Adjuster	Fences	Realtor/Property Management
Air & Water Purification	Fiduciary Services	Remodeling
Air Filter Maintenance	Financial Advisor	Restoration
Airport Transportation	Flags	Reverse Mortgage/Home Financing
Appliance Repair	Floor Coverings	Roof Repair
Assisted Living	Framing	Roof Coating
Audio Hookup	Funeral Services	Roofer
Appliance Sales	Furniture	Satellite TV Service
Area Rug Sales/Furnishings	Garage Doors	Screens/Rolling Shutters
Asbestos/Popcorn Ceiling Removal	General Contractor	Security Alarms
Asphalt	Glass/Mirrors	Security Doors/Windows/Shutters
Attorney/Legal Services	Golf Cars	Senior Living and Housing
Attorney/Estate Planning	Gutters	Senior Resources
Auctioneer	Handyman	Sewer Repair
Auto Detailing	Hauling	Shredding
Auto / RV Repair	Health and Wellness	Shutters
Auto Sales	Hearing Aids	Siding
Awnings	Home Health Services	Skylights Solar Tubes
Back Flow Testing	Home Inspection	Solar Energy
Banking	Home Warranty	Solar Products
Bath Doors/Enclosures	Hospice	Solar Water Heaters
Bath/Kitchen Remodels	House Cleaning	Sound Systems
Bath Shower/Tub Refinishing	House Flood Repair	Specialty Food
Bees	House Sitter	Sprinklers
Biohazard Cleanup & Disposal	House Watch	Stem Cell Therapy
Blinds and Shades	HVAC (Heating and Cooling)	Storage
Cabinets – Kitchen/Bath	Indoor Air Quality	Stucco
Camera/Home Surveillance	Insulation	Telephone
Caregiver	Insurance	Termite Control
Carpenter	Insurance & Medicare Advisor	Tile & Grout Cleaning
Carpet Cleaning	Interior Decorator	Tile Sales/Installation
Carpet Repair	Irrigation	Transportation
Carport Conversions	Landscaping	Trash Cans
Coins and Jewelry Buying	Legal Documents Prepares	Travel
Computer	Legal Services	Tree & Cactus Removal
Computer Training	Life Plan/Arrangements	Tree Fertilization
Concrete	Locks	Tree Trimming
Countertops	Masonry	Turbines
Cremation	Medical Alert Devices	TV Repair
Debris Removal	Medical Equipment & Etc.	Upholstery
Dentist	Mortgage/Banker	Upholstery Cleaning
Design / Drafting	Mortgage Lending	Walk-In Tubs
Doors	Movers/Packers	Wallpaper
Draperies	Notary	Water and Sewer Pipes Lines
Driveway/Concrete Coatings	Organizing Services	Water Heaters
Dry Cleaning/Laundry	Painting	Water Removal
Drywall	Paralegal	Water Treatment
Duct Cleaning	Patio Covers	Weed Control
Duct Sealing/Testing	Patio Furniture	Window Cleaning
Eliminate Property Odors	Pest Control	Window / Doors
Electrical	Pet Sitters/Boarding Facilities	Window/Door Repair
Emergency Flood	Private Investigator	Windows/New and Repair
Energy Audit	Plumber	Window Tint & Treatment
Entertainment/Arts/Cultural	Pools	Wireless Support
Errands/Personal Assistants	Power Washing	Yard Care
Estate Sales		



Sun City's Advocate
Since 1963

CUSTOMER / CLIENT EVALUATION FORM
SCHOA BUSINESS PARTNER REFERRAL PROGRAM

SCHOA is continuously striving to improve its Business Partner Program and to do so we are asking customers and clients to rate each Business Partner you have used once the job is completed.

With your assistance and this feedback, not only do we learn how our Business Partners have done, these Partners are contacted and told the results of these evaluations and a copy of this evaluation is placed in their file. By doing this, all of the Business Partners work towards providing the best customer service and care in their work and also have an opportunity to be selected as SCHOA Business Partner of the Month.

As this REFERRAL SERVICE continues to grow, you can be a part by giving an honest evaluation of what you received from one of our Business Partners. Your information is truly appreciated.

Name of the Business Partner: _____ Date of Service: _____

Service/s requested and performed: _____

Regarding our Business Partner -

Yes _____ No _____ Was this Business Partner referred to you by SCHOA?

Yes _____ No _____ Have you used the SCHOA Business Partner Program before?

Yes _____ No _____ Was the Business Partner professional when contacting you?

Yes _____ No _____ Did the Business Partner respond in a timely fashion?

Yes _____ No _____ Was the Business Partner and employees courteous?

Name/s: _____

Yes _____ No _____ Were your questions answered throughout the work?

Yes _____ No _____ Did you have a contract with this Business Partner?

Yes _____ No _____ Did they stay on schedule and within your contract?

Yes _____ No _____ Were you pleased with the services this business provided?

Yes _____ No _____ Would you use this Business Partner again?

With these questions completed, please now rate this Business Partner on a scale of 1 to 5,

1=poorest to 5=excellent. 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Your name: _____ Address: _____

Telephone: _____ May we use your comments? Yes _____ No _____

Comments: _____

Please return this form by email to Marketing@suncityhoa.org. Or mail or drop it off in person at our office.

10401 W. Coggins Drive, Sun City, AZ 85351 | Phone: 623.242.8764 | Fax: 623.977.7095
Business Partner Email: marketing@suncityhoa.org | www.SunCityHoa.org