

# Affiliation Agreement for Service Partnerships

Date: [Insert Date]

[Your Organization Name]  
[Your Organization Address]  
[City, State, Zip Code]

[Partner Organization Name]  
[Partner Organization Address]  
[City, State, Zip Code]

## Subject: Affiliation Agreement for Service Partnerships

Dear [Partner Name],

This Affiliation Agreement ("Agreement") is made and entered into as of [Effective Date] by and between [Your Organization Name] ("Provider") and [Partner Organization Name] ("Partner").

### 1. Purpose

The purpose of this Agreement is to outline the terms and conditions under which the Provider and the Partner will collaborate in providing services to [describe the services].

### 2. Services Provided

The Provider agrees to deliver the following services: [List of services].

### 3. Responsibilities

Both parties shall undertake the following responsibilities: [List of responsibilities for each party].

### 4. Term and Termination

This Agreement shall commence on [Start Date] and continue until [End Date], unless terminated earlier by either party with [number] days written notice.

### 5. Confidentiality

Both parties agree to maintain confidentiality regarding each other's proprietary information.

## **6. Governing Law**

This Agreement shall be governed by the laws of [State/Country].

Kindly confirm your acceptance of these terms by signing below.

Sincerely,

[Your Name]

[Your Title]

[Your Organization Name]

Agreed and Accepted:

[Partner Name]

[Partner Title]

[Partner Organization Name]