

# Network Affiliation Agreement

Date: [Insert Date]

[Recipient Name]

[Recipient Title]

[Recipient Organization]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to inform you that your organization, [Recipient Organization], has been selected for affiliation with [Your Organization]. This affiliation is intended to promote mutual interests and enhance collaboration in our respective fields.

The terms of this agreement are as follows:

- Scope of Collaboration: [Define the scope]
- Duration of Agreement: [Specify duration]
- Responsibilities of Each Party: [List responsibilities]
- Confidentiality: [Outline confidentiality terms]
- Termination Clause: [Define termination conditions]

Please indicate your acceptance of this agreement by signing below and returning a copy to us by [Insert Date]. We look forward to a fruitful partnership.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]

Accepted by:

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[Recipient Name]

[Recipient Title]

[Recipient Organization]

Date: \_\_\_\_\_