



THEATRE PUGET SOUND

**Business Affiliate Agreement**

**PURPOSE**

The purpose of this Agreement is to aid in the understanding of the relationship requirements between \_\_\_\_\_, hereafter referred to as “Business Affiliate” and Theatre Puget Sound, hereafter referred to as “TPS” with regard to Business Affiliation.

**REQUIREMENTS**

**Responsibilities of BUSINESS AFFILIATE**

- BUSINESS AFFILIATE agrees to pay the stated fee of (check one):
  - \$200.00 for all for-profit companies or self employed individuals.
  - \$100.00 for all non-profit companies (please provide photocopy of your State of Washington non-profit status).
- BUSINESS AFFILIATE agrees to place the TPS logo and link on its web page.
- BUSINESS AFFILIATE agrees to participate in providing services to theatre community via collaboration with TPS at least one time annually and is encouraged to provide special TPS offers to card carrying members.

**Responsibilities of TPS**

- TPS will place the BUSINESS AFFILIATE logo, web link, contact info, and company description on the TPS web page.
- TPS will list the company name of the BUSINESS AFFILIATE on appropriate promotional material.
- TPS will offer the BUSINESS AFFILIATE promotional sponsorship opportunities to some TPS events, including promotional tables.
- TPS offers collaboration with BUSINESS AFFILIATE at least once a year on a program or informational session that provides exposure to BUSINESS AFFILIATE and serves TPS membership.
- TPS will provide BUSINESS AFFILIATE one e-mail subscription to our TPS community listserv for advertising purposes and posting privileges to the TPS message boards.
- TPS will provide once a year, upon request, specifically targeted mailing labels from our member database.

**PERIOD OF AGREEMENT**

This Agreement will remain in-effect for one year after the signing of this contract unless terminated by the participating organizations. At the conclusion of this term it may be extended by mutual written agreement of the Parties. Modifications can be made at any time by mutual agreement of the signatories or their successors.

**BUSINESS AFFILIATE**

**THEATRE PUGET SOUND**

\_\_\_\_\_  
Organization

\_\_\_\_\_  
**Sam Read**  
**Deputy Director**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Complete, sign and mail with payment to: Theatre Puget Sound, PO Box 19643, Seattle WA 98109*