



# PARTNERSHIP AGREEMENT

Please block letters only

Contact Name

Business/Company Name

Street Address

Zip code

City

Country

State

Phone Number

Email Address

Web site

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Short description of your products/services

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I accept to participate to this partnership without reserve and I propose to accord the advantages below to each FISM Card holder on presentation.

I fully agree with paragraph 4.1 of the Statutes of the FISM concerning respect for copyright and the rights of creators. No unauthorized copies are offered in my shop.

## Special Offer for FISM CARD holders

Please, describe below, the type of advantages you could offer to FISM CARD holders.

Date

Signature

Please, fill this document and send it by e-mail to:  
info@fism.org