**Membership application form**

I accept the principles of the National Unmanned Aircraft and Close Sector Cluster and wish to become a member of the cluster. I certify that the following information is correct:

|  |  |
| --- | --- |
| Company name |  |
| Unique identification number of legal entitie |  |
| Address (street, number, postal code, city, state) |  |
| Phone-Cellular |  |
| E-mail |  |
| Legal Entity Category |  |
| Contact person for communication  |  |
| Phone-Cellular of contact person for communication  |  |
| E-mail of contact person for communication  |  |
| UAV - Description |  |
| I can contribute to the association | Experience in work improvement, promotion and projects |

 Date: Signature and stamp

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_