**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:

|  |  |
| --- | --- |
| J:\Klaster ofis\Bespilotni klaster\DOKUMENTI\Z5 cir tr.jpgName and Surname |  |
| Unique identification number of citizen or passport number |  |
| Address (street, number, postal code, city, state) |  |
| Phone-Cellular |  |
| E-mail |  |
| Private Entity category |  |
| UAV - Description |  |
| I can contribute to the association | Experience in work improvement, promotion and projects |

Date: Signature

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