

Annex I - Application form

EU SPACE ISAC APPLICATION FORM

Entity name: Click or tap here to enter text.

Identification number: Click or tap here to enter text.

Member State of establishment: Click or tap here to enter text.

Legal address: Click or tap here to enter text.

	Member	Public partner
Participation type:	<input type="checkbox"/>	<input type="checkbox"/>

Do you wish to apply as Founding Participant? YES NO

Company email: Click or tap here to enter text.

Phone (optional): Click or tap here to enter text.

Indicate your market segment / main activity:

<input type="checkbox"/> Manufacturers, integrators and operators of space mission systems and launch services
<input type="checkbox"/> Providers and operators of the ground segment
<input type="checkbox"/> Cloud and Data processing
<input type="checkbox"/> Security/Cybersecurity
<input type="checkbox"/> Secure connectivity (incl. quantum communication and other secured communications)
<input type="checkbox"/> Research and Academia
<input type="checkbox"/> Consulting (non-security)
<input type="checkbox"/> Education/training
<input type="checkbox"/> If other, please specify Click or tap here to enter text.

Description of involvement, experience or expertise in the space sector / domain and / or in its security:

Click or tap here to enter text.

Proposal of activities (including potential working groups / communities of interest) for the EU SPACE ISAC

Click or tap here to enter text.

Expectations from the EU SPACE ISAC.

Click or tap here to enter text.

Potential active participation in the EU SPACE ISAC:

Click or tap here to enter text.

For entities that are wishing to become Founding Participant: description of resources, facilities), services, expertise deliverables that could support activities of the EU SPACE ISAC

Click or tap here to enter text.

Please specify the details of the point of contact designated to follow the application process:

Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Member State: Click or tap here to enter text.

Professional email: Click or tap here to enter text.

Phone (optional): Click or tap here to enter text.

Signature of the Representative:

Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Member State: Click or tap here to enter text.

Professional email: Click or tap here to enter text

Phone (optional): Click or tap here to enter text

By signing this application, I understand the Objectives of the EU SPACE ISAC and commit to actively participate in the initiative:

Signature:

Date: Click or tap to enter a date.

X _____