## 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:** [ ]  [ ]

**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:**

|  |
| --- |
| [ ]  Manufacturers, integrators and operators of space mission systems and launch services |
| [ ]  Providers and operators of the ground segment |
| [ ]  Cloud and Data processing |
| [ ]  Security/Cybersecurity |
| [ ]  Secure connectivity (incl. quantum communication and other secured communications) |
| [ ]  Research and Academia |
| [ ]  Consulting (non-security) |
| [ ]  Education/training |
| [ ]  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.

