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| **COMPANY INFORMATION** | **INTERESTS** |
| |  |  | | --- | --- | | Company name | | |  | | | CEO/Executive Director name | | |  | | | E-mail address | | |  | | | Number of employees | | |  | | | Global R&D amount as in the last annual report | | |  | | |  | | | Headquarters Address | | |  |  | | Postal code | City | |  | | | Country | | | + | + | | Phone | Fax | | http:// | | | Website | | | |  |  | | --- | --- | |  |  | | □  □  □  □  □  □  □  □  □  □  □  □  □  □  □ | Business angel  Venture capital  Private equity  Family office  Space economy  Space policy  [Earth observation](https://space-agency.public.lu/en/expertise/space-directory.html?r=f%2Faem_theme%2Ftags_theme%3Aspace_agency%5Cearth_observation&)  Upstream  Downstream & a[pplications](https://space-agency.public.lu/en/expertise/space-directory.html?r=f%2Faem_theme%2Ftags_theme%3Aspace_agency%5Capplications&)  Cubesats  Deep space  Space Resources  [Equipment](https://space-agency.public.lu/en/expertise/space-directory.html?r=f%2Faem_theme%2Ftags_theme%3Aspace_agency%5Cequipment&)  [Security](https://space-agency.public.lu/en/expertise/space-directory.html?r=f%2Faem_theme%2Ftags_theme%3Aspace_agency%5Csecurity_applications&)  Others | |
|  | |
| **MEMBERSHIP CATEGORY**  **Corporate Individual**   |  |  |  |  | | --- | --- | --- | --- | | □ | **Corporate Company member**  □ **Large** (> 250 persons & >43 m turnover)  □ **Medium** (10-250 persons)  □ **Small** (< 10 persons) |  | □ **LBAN Business Angel**  □ **Non-LBAN Business Angel**  □ **Professional** (> 30)  □ **Young Professional** (<30)  □ **Others** | | □  □ | **Non-profit organisation**  **Public body** |  |  | | |
| **INVOICING DETAILS** | |
| |  | | --- | |  | | Contact name & e-mail address | |  | |  | |  | |  | | Invoicing address | |  | | VAT number | | Purchase order number required: □ yes / □ no | | |  |  | | --- | --- | | **I, the undersigned, hereby confirm application for membership of the LSTA and thereby confirm that I will adhere by the rules and values of the association** | | | Date: | Signature: | |

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| **1. Describe your motivation to become a member of the** **LSTA** |
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| **2. What is your possible contribution to the association during your membership?** |
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| **3. What are your expectations as a member of our association?** |
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