



REGISTRATION FORM

COMPANY DETAILS OR FULL NAME \_\_\_\_\_ Date : [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Annual Membership [ ] \*Full member 750 EUR [ ] \*Associate member 500 EUR [ ] \*\*Associate member/Individual 300 EUR

\* Initial Application Fee - 500 EUR / \*\* Initial Application Fee - 300 EUR

Applicant / Account Holder's Name : \_\_\_\_\_

ADDITIONAL DETAILS

Type of business \_\_\_\_\_

Representative \_\_\_\_\_

Full address \_\_\_\_\_

Country \_\_\_\_\_ Postcode \_\_\_\_\_

City \_\_\_\_\_

Email Address \_\_\_\_\_

Applicant / Account Holder's Name \_\_\_\_\_

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Signature