

**FOODNET PARTNER APPLICATION FORM**

I undersigned (*name and surname of person authorised to represent cluster, network organisation*) .....  
 ....., as a (*position in the organisation*) .....  
 of the (*name of organization*) .....  
 located in (*legal address, country, website*) .....

accept the terms of FoodNet Partnership Agreement and demonstrate our strong interest in active contribution to FoodNet Meta-cluster strategy development and its implementation.

We are cluster/business network (*select if relevant and enter below the legal form*): .....

We are other type of organization (*select if relevant and enter below the legal form*): .....

The organisation I represent has a published profile on the European Cluster Collaboration Platform:

- YES       NO       WE ARE CONSIDERING TO CREATE THE PROFILE

Short description of the cluster: .....

.....

.....

.....

Mission / vision: .....

.....

.....

Number of members / No. of SME members / No. of members interested in internationalization which can benefit from FoodNet actions:

.....

Data on authorised representative (name, surname, title): .....

Data on contact person(s): (name, surname, title, email, phone, address): .....

.....

I expressly authorize the collection and processing of my personal data on behalf of my organisation and the receipt of information and/or advertising related to the services FoodNet offers.

Date/place: .....

Sincerely,

Stamp

Name, signature

