**APPLICATION FOR MEMBERSHIP IN THE SEAFOOD INNOVATION CLUSTER**

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Company name:

Address:

Organisation number:

Web address:

Number of employees:

Start-up-date:

Location:

Invoicing address:

Contact person for your membership:

Phone no.:

E-mail:

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**TYPE OF MEMBERSHIP:**

Partner – NOK 300.000:

Member – NOK 100.000:

Start-up businesses, up to five years old, with a negative financial result – NOK 7 500:

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**Short description of the company:**

**Motivation for membership in the Seafood Innovation Cluster?**

**How can your company contribute to the Seafood Innovation Cluster?**

**What are your expectations to a membership in the Seafood Innovation Cluster?**