

**MEMBERSHIP APPLICATION**

**DČFDS**

www.cvca.hr

Please return to: CVCA, Savska cesta 32, 10000 Zagreb, Croatia,

Tel: 385 1 4828 466, Fax: +385 1 7707 002, [info@cvca.hr](mailto:info@cvca.hr)

Company name: Click or tap here to enter text.

OIB: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Fax: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

Website: Click or tap here to enter text.

**TYPE OF MEMBERSHIP**

**DČFDS**

(mark the type of membership)

**REGULAR MEMBER**  **ASSOCIATE MEMBER**

Annual fee 5.000 kn\* Annual fee 3.000 kn\*

**Regular member**, legal entity, private equity and/or **Associate member**, legal entity, advisory firm, limited

venture capital fund management company registered partner or investor in private equity and/or venture

in Croatia or abroad. Regular members are entitled to capital fund and other companies with business interest

nominate one representative for the Management Board. in private equity and venture capital industry. Associate

Regular members have 20% discount on CVCA’s event members have 10% discount on CVCA’s event tickets

tickets and sponsorship packages. and sponsorship packages.

**INDIVIDUAL MEMBER**   **HONORARY MEMBER**

Annual fee 1.500 kn\* Exempt from the membership fee\*

**Individual member**, natural person, directly or indirectly **Honorary member**, natural person, who attained such

connected to private equity and/or venture capital industry. status by the Management Board Decision on the grounds of the merit and contribution to the work of the association, fundamental goals to which the association aspires and contribution to the development of private equity and venture capital industry in Croatia. Founders of the association are honorary members.

\*The Membership Fee is payable within 30 days of the date of the invoice

**COMPANY CEO**

Name and title: Click or tap here to enter text.

OIB: Click or tap here to enter text.

Job title: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Fax: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Representative at CVCA (if different from CEO)**

Name and title: Click or tap here to enter text.

OIB: Click or tap here to enter text.

Job title: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Fax: Click or tap here to enter text.

Email: Click or tap here to enter text.

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

**DČFDS**

Why would you or your organization like to join CVCA?

Click or tap here to enter text.

What do you expect from membership in CVCA?

Click or tap here to enter text.

What will be your contribution to and/or activities with CVCA?

Click or tap here to enter text.

What do you see as the current issues CVCA should focus on and the vision of its future?

Click or tap here to enter text.

Would you be interested in participating at one or more of the following committees?

Limited partners (institutional investors) committee

Conferences, seminars and other events committee

Legal & regulatory committee

Would you like to suggest the formation of another committee in which you would be interested to participate?

Click or tap here to enter text.

WE ACCEPT CVCA CODE OF CONDUCT

SIGNATURE



FULL NAME

Click or tap here to enter text.

DATE

Click or tap to enter a date.