

CANSO – Full Membership Application Form 2020



Please provide all information requested below and return this form to the relevant [CANSO Region Director](#) AND copy to [CANSO HQ](#) either by fax: +31 (0)23 568 5389 or email as an attachment to info@canso.org

Contact details (Please fill in the grey boxes clearly)

Legal/official organisation name:

Organisation marketing name:

Address:

Telephone:

Fax:

Email:

Website:

Chief Executive:

Name:

Job Title:

Email:

CANSO Focal Point:

A *Focal Point* is a mid-level representative from your organisation who is nominated to coordinate between CANSO and your organisation.

Name:

Job Title:

Email:

Assess global membership fee

ATM related turnover (USD):

Total annual turnover (USD):

2017:

2018:

2019:

Additional information

Number of ATCOs:

Airspace size km²:

FIR names and codes:

Number of ACCs:

Please also send with your application:

- High resolution version of your logo (preferred format: .eps, .ai, .tiff, .jpeg)
- Latest annual report describing ATM activities

Regional membership (Please tick box)

My organisation is also interested in becoming a Regional Member.

Yes *(Our Region Director will contact you)*

No

Authorised representative

I hereby agree that the organisation named above is bound by the CANSO Articles of Association and commits to support the objectives of CANSO and the goals laid down in the CANSO Charter.

Name:

Signature:

Position in company:

Date: