

CANSO - Full Membership Application Form 2019



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

ABOUT YOUR ORGANISATION Please fill in the grey boxes clearly.

Legal/official organisation name:

Organisation marketing name:

Headquarters street:

Headquarters postcode and city:

Headquarters country:

Headquarters Telephone:

Headquarters Fax:

Headquarters E-mail:

Website:

Chief Executive Job Title: Name:

Chief Executive e-mail:

CANSO Focal Point* Title: Name:

Focal Point e-mail:

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

ASSESS GLOBAL MEMBERSHIP FEE

	ATM related turnover (USD):	Total annual turnover (USD):
2016:	<input type="text"/>	<input type="text"/>
2017:	<input type="text"/>	<input type="text"/>
2018:	<input type="text"/>	<input type="text"/>

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

My organisation is also interested in becoming a Regional Member.

Yes* No

* Our Region Director will contact you.

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: Job title:

Signature: Date: