

Australian Certified UAV Operators Inc.

"Strength Through Unity"

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APPLICATION FOR MEMBERSHIP - ASSOCIATE MEMBER

Name: _____

Address: _____

City/Town: _____ State: _____ Postcode: _____

Contact No's: _____

Email: _____

ARN: _____

UAV Controller Certificate No: _____

Maintenance Controller Certificate No: _____

Other/Foreign Certificate No: _____

(A current copy of your UAV/UAS certificates must be attached to this application for membership)

UAV Types approved for: _____

Signed: _____

Office Use Only

Date Received: _____

Date Approved: _____

Membership No: _____