

UAVCAN Consortium membership application

Organization details

Organization name: _____

Organization address: _____

Website: _____

Consolidated employee count (select one)

- 1...9
- 10...99
- 100...999
- 1000...9999
- 10000...∞

Desired membership tier (select one)

- Sponsored (check the eligibility criteria)
- Regular
- Expert

Representative

Representative name: _____

Representative title: _____

Contact email: _____

Other contacts (optional): _____

At least one technical representative should register on <https://forum.uavcan.org>.

Purpose of membership

Authorization

Submitted by applicant representative

Accepted by UAVCAN Consortium

Name _____

Signature _____

Date _____

Please email a signed copy in PDF to consortium@uavcan.org with a vector logo of your organization attached. A countersigned copy will be returned along with the first invoice after the application is approved by the Consortium.