



Individual Membership Application Form

INDIVIDUAL PARTICIPATION | PROFESSIONAL, ACADEMIC AND ASSOCIATE ROUTES

01 APPLICANT PROFILE

Complete the relevant fields in English. Use N/A with a reason where applicable. Save your completed PDF and return it through the verified AF channel. Do not submit passwords, payment-card details or unapproved controlled material.

1 Personal and contact details

Fields marked * support an ordinary identifiable application. Do not attach an identity document unless proportionately requested through a secure route.

Full name *

Preferred name (optional)

Email *

Telephone with country code

City / region

Country of residence *

Preferred contact language

Correspondence address (only if needed for delivery)

Individual route requested

Employer / institution (if any)

Current role / course

Relevant professional, academic, technical or student connection

Your reference (optional)

Existing AF number (if any)

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02 INTERESTS AND ELIGIBILITY EVIDENCE

2 Sector connection and participation

Select relevant interests. These choices do not establish technical competence, committee appointment or the availability of a programme.

- | | | |
|---|--|--|
| ☐ Civil aviation and operations | ☐ Space systems and operations | ☐ Military aviation |
| ☐ Land defense industry | ☐ Naval and maritime defense | ☐ Heavy / advanced industry |
| ☐ Defense / space-purpose mobility | ☐ Manufacturing and supply chain | ☐ Digital, AI and cybersecurity |
| ☐ Testing and technical services | ☐ Research and education | ☐ Other related activity |
| ☐ Committees and standards | ☐ Industry / supplier cooperation | |
| ☐ Research and innovation | ☐ Education and mentoring | |
| ☐ Events and exhibitions | ☐ Publications and knowledge | |
| ☐ Public-benefit initiatives | ☐ Other participation | |

Expertise, experience and intended contribution; identify relevant evidence

Published eligibility / grade criteria reference, if supplied

Specific grade sought, only if available

Do you also act as an organizational voting representative in AF?

- ☐ No
 ☐ Yes - identify below
 ☐ Not known

Relevant employer / AF representative affiliation or conflict; write None if none

Accessibility, language or application assistance requested (optional)

No universal degree, age or experience threshold is added by this form. If guardian or authorized assistance is required for the actual applicant, record the lawful authority in the attachment index; disclose only necessary information.

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03 TERMS, PERMISSIONS AND SIGNATURE

3 Governance and terms actually supplied

Governance disclosure: the Presidential Council is AF's corporate Board of Directors and the President chairs it. Ordinary membership elections concern committee members and committee chairs, not the President or Council directors. Eligible voting members participate under the Constitution; associate/student participation has no ordinary constitutional vote. Mandatory law and the controlling formation instrument preserve any non-excludable rights. Membership is not technical recognition, accreditation, a professional licence or authority to bind AF.

Constitution / governance disclosure version received

Membership terms / dues schedule reference

Membership terms and dues information

- ☐ Received and accepted as identified
 ☐ Requested / further agreement needed
 ☐ Approved waiver / arrangement requested
- ☐ I confirm that the information is accurate to the best of my knowledge and will report relevant changes.
- ☐ I have received and accept the identified Constitution, governance disclosure and applicable conduct rules. I do not acknowledge a document not actually supplied.
- ☐ I understand that admission and any voting or professional status require an authorized AF decision. No technical authorization MoU is required merely for membership.

4 Optional public information and contact

- ☐ I permit publication of the public profile text entered below, with my name and admitted membership category.
- ☐ I would like optional AF news / programme announcements; necessary application messages are separate.

Optional approved public profile (do not include private contact details)

Name of signatory

Date (YYYY-MM-DD)

Signature / certificate-based digital signature

Sign in a compatible PDF signing application or sign a printed copy.

Use the agreed signing method. A typed name is not a digital signature or an AF approval.

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04 SUPPORTING RECORD AND AF ADMINISTRATION

5 Attachments and additional information

Identify documents rather than reproducing unnecessary sensitive information. Use a separate labelled continuation file for further evidence.

Item / document title	Date / version / reference	Purpose / secure access restriction

Additional information / reasons for N/A / authority for assistance, where relevant

Privacy: information is used to administer membership, assess eligibility and communicate the outcome, verify the relevant facts and keep necessary records under AF-PL-018. The issued activity privacy notice states the responsible entity, lawful bases, recipients, transfers, retention and available rights. Optional publicity choices are separate and may be withdrawn prospectively through the stated contact. Do not include unnecessary personal or controlled technical information.

AF Receipt and completeness - AF use only

AF case ID

Actual receipt date / time / zone

Reviewer / authority reference

Completeness date / missing information reference

Admission / deferral / refusal record reference
(AF-FR-008)

Next action / owner / date

AF Issue details - AF completes before circulation

Responsible legal entity / organizer

Activity privacy notice reference / version

Verified return channel

Verified privacy contact