New Chapter Application

Thank you for your interest in starting a new AUVSI Chapter. Before you begin the application, first contact Amanda Bernhardt, Chapter Relations Manager, abernhardt@auvsi.org, to be sure there is no AUVSI Chapter already formed in your area. Once confirmed there is no other Chapter in your area, please provide the information below.

To form a new Chapter, you must have the following:

- Thirty petitioning members
  - Four must be from AUVSI Organizational Members
  - Exceptions will be considered on a case by case basis
- USD $1000 total from at least four AUVSI Organizational Member supporters, to allow for the Chapter bank account start up
- Complete Application, including all questions answered
- First Year Plan
- Business Plan
- Signatures from Chapter Officers
- Chapter Bylaws
- Signed Affiliation Agreement
- Letter of support from local government entity
  - Governor
  - Local Chamber of Commerce
  - City Council
  - State Delegate
  - Other similar office

Please include these items with your application submission. Your application will not be complete without all the items above included.
Name of Proposed Chapter:

_____________________________________________________________

Chapter President:

__________________________________________________________________

Company:

_____________________________________________________________

Full Address:

_____________________________________________________________

Email:

_____________________________________________________________

Geographic Scope of Chapter:

_____________________________________________________________

Number of Prospective Chapter Members:

_____________________________________________________________

Key meeting locations:

__________________________________________________________________

Additional Chapter Officers:

- Vice President: ________________________________
  Company: ________________________________

- Secretary: ________________________________
  Company: ________________________________

- Treasurer: ________________________________
  Company: ________________________________
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Why you are forming the Chapter?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What services will it provide?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Who will benefit from the Chapter?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How do you intend to grow the Chapter? Demonstrate there is enough unmanned systems and robotics activity in the local area to provide growth potential.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Outline the leadership resources and your succession plan for future leaders over the next five years.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Which organizations can logistically support the Chapter start up (i.e. meeting space, sponsorship, etc.)?

____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

Financial commitments of sponsorship or support from four or more Organizational AUVSI members in the area, totaling at least $1000.00, have come from:

1. ______________________________________________________________________________________________________________________

2. ______________________________________________________________________________________________________________________

3. ______________________________________________________________________________________________________________________

4. ______________________________________________________________________________________________________________________

**First Year Program**

Frequency of meetings:

____________________________________________________________________________________________________________________

Special Events:

____________________________________________________________________________________________________________________

Committees:

____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
Business Plan

Fiscal Period:

List potential revenue sources and amounts: estimated total revenue:

List potential expense items and amounts: estimated total expenses:

Projected net revenue from Chapter operations: $_______________

Outline your measures of success at the end of your first year of operation.

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Outline your measures of success after three years and beyond.

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________
Next Steps

If approved, the Chapter understands the following requirements and timeline

Financial details (to be complete 60 days after Charter)

Bank Name:

___________________________________________________________________________

Bank Address:

___________________________________________________________________________

FEIN:

___________________________________________________________________________

Incorporation (to be complete 180 days after Charter)

State:

___________________________________________________________________________

Renewal period:

___________________________________________________________________________
Signatures

The officers below have read and understand the Chapter Affiliation Agreement, the Chapter Bylaws and the Chapter Policy Guide, and agree to abide by the policies and procedures stated within.

*We the undersigned understand the formation and success of the Chapter is dependent on volunteerism.*

President:

____________________________________________

Vice President:

________________________________________

Secretary:

__________________________________________________________________

Treasurer:

___________________________________________

Date of application submission:

__________________________________________________________