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Membership Application

Primary Contact for Your Company

Last Name: First: M:
Job Title:
Name of Company:
Address:
City: State: Zip/Postal:
Company Tel.: Direct Tel.: Fax:
E-mail: Web Site:
Name of Parent Company:
How I heard about ARSA: FAA Web Business Associate Seminars Other

Chief Executive of Your Company Same as Primary Contact Above

Last Name: First: M:
Job Title:
E-mail: Direct Tel.:

Should the chief executive receive the monthly ARSA newsletter? Yes The weekly ARSA E-mail bulletin? Yes

Membership Category

Membership is based on location. A company with repair stations at different locations must establish a membership for each location it wishes to be a member. If a company joins as a Corporate Member, all locations of the company become members.

Regular (Repair Station): A substantial portion of revenue derived from repair station activities. Must hold a current air agency certificate. Dues are determined by the total number of employees.

Total number of employees:

Annual Dues: 1-10: \$500.00 11-25: \$1,000.00 26-50: \$1,500.00 51-200: \$2,500.00 201+ : \$3,000.00

Associate: Not eligible for Regular or Individual Membership, but is otherwise engaged in the aviation industry. Annual dues for Associate Members: \$1,000.00.

Corporate: Has one or more constituent parts, divisions or subsidiaries. All such entities would join as a single membership. Annual dues for Corporate Members: \$15,000.00.

Individual: An individual engaged in the aviation industry. Not eligible for any other Membership category. Annual dues for Individual Members: \$250.00.

Certificates for Repair Station and Corporate Applicants

Types of Repair Station Certificates Held: FAA EASA JAA Other:

Certificate Number(s):

Payment

- Check payable to ARSA enclosed.
Credit Card. (If paying by credit card, please fill out page 2 of the application)
Non-Tax Deductible Lobbying Activities: Additional \$100.00 contribution. Your support is deeply appreciated.
Drug & Alcohol Defense Fund: Additional \$500.00 contribution. Your support is deeply appreciated.

Signature

Today's Date:

Please fill out this information if you are paying by credit card (please print):

Charge: Visa MC Amex

Name as it appears on card _____

Billing Street address: _____

Billing ZIP code: _____

Credit card account number: _____

Credit card security number (for MC and Visa, 3 digits, for AmEx, 4 digits) on signature strip: _____

Credit Card Expiration Date: _____

I hereby authorize the Aeronautical Repair Station Association to charge my credit card for the amount listed above.

Signature: _____