



Membership Application

Mail this application to ARSA at
121 N. Henry St., Alexandria, VA 22314-2903
Or fax it to us at 703 739 9488

Please print

Primary Contact for your Company

Last Name: _____ First: _____ M: _____

Job Title: _____ Name of Company: _____

Mailing Address: _____

City: _____ State: _____ Zip/Postal: _____

Company Tel.: _____ Direct Tel.: _____ Fax: _____

E-mail: _____ Web Site: _____

How I heard about ARSA: FAA Web Business Associate Seminars Other _____

Membership Category

Membership is based on location. A company with repair stations at different locations must establish a membership for each location. If a company joins as a Corporate Member, all registered 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 otherwise engaged in the aviation industry.
Annual dues: \$1,000.00.

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

Individual: An individual engaged in the aviation industry that is not eligible for Regular or Associate membership
Annual dues: \$250.00.

I was referred to ARSA by:

Someone at the FAA Other: _____

Certificates for Repair Station and Corporate Applicants

Type(s) of Repair Station Certificates Held: FAA / Certificate Number: _____

EASA / Certificate Number: _____ Other / Certificate Type & Number: _____

Payment

Check payable to ARSA enclosed. Credit Card (**Please fill out bottom section of the application**).

Non-Tax Deductible Lobbying Activities: Additional **\$100.00** contribution.

Drug & Alcohol Defense Fund: Additional **\$500.00** contribution.

Signature _____ Today's Date: _____

Please fill out this information if you are paying by credit card:

Charge: Visa MC Amex Credit card account number: _____

Expiration Date: _____ Credit card security number on signature strip: _____

Name as it appears on card _____

Billing Street address: _____ Billing ZIP code: _____

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

Signature: _____