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Membership Application

Primary Contact for Your Company

Last Name: _____ First: _____ M: _____

Job Title: _____

Name of Company: _____

Name of Parent Company: _____

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 _____

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. Charge: Visa MC Amex Security number on card back: _____

Card number: _____ Date card expires: _____

Name as it appears on card (please print) _____

Non-Tax Deductible Lobbying Activities: Additional \$100.00 contribution. Your support is deeply appreciated.

Signature _____ Today's Date: _____