



Florida Aviation Trades Association
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 www.fata.aero
 info@fata.aero

MEMBERSHIP APPLICATION

Company Name _____

CONTACT: _____ TITLE _____

MAILING ADDRESS: _____

TELEPHONE _____ FAX _____

WEBSITE _____ E-MAIL _____

AIRPORT LOCATION _____ # of Employees _____

Business or Type of Operation

- | | |
|--|---|
| <input type="checkbox"/> Aerial Survey/Photography | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Aerial Application | <input type="checkbox"/> Corporate Operator |
| <input type="checkbox"/> Air Ambulance | <input type="checkbox"/> Education |
| <input type="checkbox"/> Aircraft Sales | <input type="checkbox"/> Financial/Financing |
| <input type="checkbox"/> Aircraft Manufacturer | <input type="checkbox"/> Fixed Base Operator |
| <input type="checkbox"/> Airport Management | <input type="checkbox"/> Flight School <input type="checkbox"/> Part 61 <input type="checkbox"/> Part 141 |
| <input type="checkbox"/> Aviation Insurance | <input type="checkbox"/> Fuel Supplier/Sales/Service |
| <input type="checkbox"/> Aviation Association | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Avionics Sales/Service | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Cargo | <input type="checkbox"/> Maintenance & Repair |
| <input type="checkbox"/> Charter Operator | <input type="checkbox"/> Patrol Services |
| <input type="checkbox"/> Commuter Airline | <input type="checkbox"/> Other (Specify) |

Annual Membership Dues

Active: Full membership benefits and voting privileges:

_____ 1-15 employees \$295 _____ 16-30 employees \$400 _____ over 30 employees \$625

_____ Original Equipment Manufacturers \$1,000

\$25 of your FATA dues is allocated to the FATA Scholarship Fund.

Payment Check Credit Card Type: Mastercard Visa

Name on Card: _____

Card Number _____ Expiration _____

Date _____

Signature _____

Annual dues are billed the first of each year for the next 12 months.

For Office Use: Approved by _____ Date _____ Amount _____

Check # _____ For membership from _____ to _____