



**4685 Longbow Drive
Titusville, FL 32796
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MEMBERSHIP APPLICATION

COMPANY NAME _____

CONTACT: _____ TITLE _____

MAILING ADDRESS: _____

TELEPHONE _____ FAX: _____

WEBSITE _____ E-MAIL _____

AIRPORT _____ NUMBER OF EMPLOYEES _____

All employees are considered members. If you would like others in your company to receive our e-mail communications, please provide names and e-mail addresses.

BUSINESS OPERATION
(CHECK ALL THAT APPLY)

- | | |
|--|---|
| <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) |

Dues are billed annually in January.

_____ 1-30 employees \$375 _____ over 31employees \$675

Paymen: _____ Check _____ Credit Card Type: _____ Mastercard _____ Visa

FATA DOES NOT ACCEPT AMERICAN EXPRESS.

Name on Card: _____

Card Number _____ Expiration _____

Date _____

Signature _____

For Office Use: Approved by _____ Date _____ Amount _____

Check # _____ For membership from _____ to _____