

MEMBERSHIP

Application Form



Membership Type

Regular Member

Any company that is directly involved in the purchase and/or sale of aircraft parts qualifies as a Regular Member. This includes, but is not limited to, suppliers, distributors, manufacturers and surplus sales organizations. Companies are not required to maintain inventory in order to qualify.

- 1 to 19 employees \$1,200.00
- 20 to 59 employees \$1,800.00
- 60 to 99 employees \$2,400.00
- 100 or more employees \$3,000.00

Associate Member \$600.00

Associate Membership is limited to companies that do not qualify as Regular Members. Associate Members are entitled to all rights and privileges of Regular Members, however, they may not nominate, elect or serve on the Board of Directors.

Individual Member \$600.00

Any person that is not eligible for regular membership (and that is not an employee of a company that could qualify for regular membership) but that is engaged in any business or activity that relates to aviation businesses is eligible for Individual membership.

Payment Information

Check # _____

Wire Transfer
(Please contact ASA for details.)

Credit Card
Choose credit card type below:
 MasterCard Visa American Express

Card # _____

Name on Card _____

Expiration Date _____

Company Information (Your contact information, including your Web site, will be listed in ASA's online member directory.)

Company Name: _____
(As it will appear on your Member Certificate.)

Mailing Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Web site: _____

Phone: _____ Fax: _____

Email: _____

Please describe your business: _____

How did you hear about ASA? _____

Contact Information (All ASA communication is electronic. Please include a valid email address.)

Please check whether or not each individual would like to participate in the Quality Assurance Committee. The Committee discusses quality and business practices, and helps direct the ASA-100 Quality Standard.

Primary Representative

Quality Assurance Committee

Name: _____

Job Title: _____

Email: _____

Executive Representative - President CEO

Quality Assurance Committee

Name: _____

Job Title: _____

Email: _____

Executive Representative - FINANCE

Quality Assurance Committee

Name: _____

Job Title: _____

Email: _____

Executive Representative - OPERATIONS

Quality Assurance Committee

Name: _____

Job Title: _____

Email: _____

Other Representatives

Please include any additional individuals that you would like to receive ASA information. All employees are entitled to ASA member benefits. Attach additional forms as necessary.

Quality Assurance Committee

Name: _____

Job Title: _____

Email: _____

Quality Assurance Committee

Name: _____

Job Title: _____

Email: _____

The undersigned hereby applies for membership in the Aviation Suppliers Association and agrees to abide by the rules and regulations adopted by the Association and to support its activities. Additionally, as noted above and by my signature below, I acknowledge and authorize ASA to charge my credit card for membership payment. Regardless of payment method, I understand Membership payments are non-refundable.

Signature _____ Date _____