



# MEMBERSHIP

## Application Form

### Membership

**Regular Member**

Any company 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 5 employees . . . . . \$1,200.00
- 6 to 25 employees . . . . . \$1,500.00
- 26 to 50 employees . . . . . \$2,000.00
- 51 to 100 employees . . . . . \$2,750.00
- 101 or more employees . . . \$3,500.00

**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.

**Associate Member-Air Carrier .FREE!**

Any air carrier that is certified under FAA Part 121, FAA Part 129, FAA Part 135 or a non-US equivalent of FAA Part 121 qualifies as an Associate Member.

**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 (Please contact ASA for details.)**

**Credit Card**

Choose credit card type below:

- MasterCard  Visa  AmericanExpress

Card # \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV # \_\_\_\_\_

Above credit card information is required.

### Company Information

(Your contact information, including your website, 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: \_\_\_\_\_

Website: \_\_\_\_\_

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 \_\_\_\_\_