



Membership Application

New Membership

Renewal Membership (Member # _____)

Personal Information

First Name: _____ Middle Initial: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email Address**: _____

Company Information (if applicable)

Company Name: _____

Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Demographic Information

What Categories of aircraft are supported at your facility? (Check all that apply)

- 1. Single Engine Piston
- 2. Twin Engine Piston
- 3. Light Turboprop
- 4. Heavy Turboprop
- 5. Light Turbine
- 6. Heavy Turbine
- 7. Helicopters

What type of work is performed at your facility? (Check all that apply)

- 1. Airframe structural repair/modification
- 2. Engine Repair/overhaul
- 3. Component repair/overhaul
- 4. Aircraft heavy maintenance
- 5. Aircraft Line Maintenance
- 6. Avionics installation
- 7. Avionics Repair

Which association(s) are you a member of?

- 1. AMTSociety
- 2. PAMA
- 3. ATEC
- 4. AME Association
- 5. NATA
- 6. NBAA
- 7. ATA
- 8. HAI
- 9. EAA
- 99. None
- 98. Other _____

Payment Information

Regular/Associate (\$49) Student (\$15) Active Military (\$20) Instructor (\$30)

Check Enclosed

Credit Card _____ Exp. Date: _____ Security Code: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Check here if same as above

Return Applications to: AMTSociety • 801 Cliff Road East, Suite 201 • Burnsville, MN 55337

Phone: 800.827.8009 • Fax: 952-894-8252 • Email: bobi@amtsociety.org

Note: By joining AMTSociety, members agree to grant AMTSociety & Cygnus Business Media permission to use said member's name and/or photograph and/or image for promotional, advertising or editorial reporting purposes.

Educational Information (Required for Students and Instructors)

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

FAA Certification (if applicable)

A&P IA Certificate Number: _____

AMT Magazine Subscription

Optional subscription to digital or print version of *AMT magazine*:

- One year subscription to *AMT magazine*
 - Print Edition Electronic Edition (Students: Electronic Only)
 - **Email required for Electronic Edition
- No *AMT magazine* subscription

Do you wish to receive the AMTe Electronic Newsletter?

Yes No

Last digit of the year you were born: _____

X _____ Date _____
Signature required for *AMT magazine* subscription

What is the primary business activity at your firm?

- 53. Repair Station/Completion/Overhaul
- 52. Fixed Base Operation with Repair Station
- 51. Fixed Base Operation
- 54. Repair Station w/Helicopter and Other Aircraft Maintenance
- 55. Corporate Flight/Business Aircraft Operator
- 57. Major/Regional Airline
- 56. Fractional/Charter Operator
- 58. Federal/State Government/Military
- 90. Student
- 98. Other (please specify) _____

Which category Best Describes your job title?

- 01. Dir. of Maint./Service Depart. Dir./Mgr./VP & related personnel
- 02. Aviation Mechanic/Technician/A&P/AME/Maintenance Engineer
- 03. Certified Inspector
- 04. Parts Department Director/Manager and related personnel
- 05. Owner/Manager, Company Officer and related personnel
- 06. Avionics Technician
- 07. Aerospace Engineer
- 08. Student
- 98. Other (please specify) _____



For Office Use Only

Authorization # _____

Date _____ Amt. _____

Initials _____