



# Corporate Membership Application

## Corporate Membership - \$950

Applies to organizations actively involved in, and/or supporting aircraft maintenance functions and who wish to promote and support professionalism in Aircraft Maintenance.

### Membership includes:

- A plaque recognizing your support of AMTSociety
- Photo and short article in the AMT Magazine Mx Logs Update
- Logo and link on AMTSociety's website
- Display of your logo at AMTSociety IA Renewals
- Display of your logo in other AMTSociety marketing materials.
- One (1) Individual Membership to AMTSociety

All applications must be filled out completely and signed. Please print or type all information.

Organization Name: \_\_\_\_\_

Primary Organization Contact: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Web site: \_\_\_\_\_

### Type of Business:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> A. FBO                         | <input type="checkbox"/> E. Charter/Air Taxi               | <input type="checkbox"/> I. School      |
| <input type="checkbox"/> B. Repair Station              | <input type="checkbox"/> F. Federal/State/Local Government | <input type="checkbox"/> J. Consultant  |
| <input type="checkbox"/> C. Airline                     | <input type="checkbox"/> G. Manufacturer                   | <input type="checkbox"/> K. Association |
| <input type="checkbox"/> D. Corporate Flight Department | <input type="checkbox"/> H. Distributor                    | <input type="checkbox"/> L. Other _____ |

### Method of Payment:

Check: Payable to *AMTSociety Corporate Membership*

VISA    MasterCard    AMEX

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Membership fees: \$\_\_\_\_\_ (Due upon receipt of application)

Check here if information below is the same as above

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

Billing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I certify that the information given on this application is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please remit application and payment to:

AMTSociety – 801 Cliff Road East, Suite 201 – Burnsville, MN 55337 – [bobi@amtsociety.org](mailto:bobi@amtsociety.org) – Fax: 952-894-8252

I would like to make a donation to the AMTScholarships Foundation in the amount of \$\_\_\_\_\_

Please make Check Payable to: AMTSociety Scholarship Fund

Mail to: Tom Hendershot – 13183 Regulus Drive – Lone Tree, CO 80124-2931