

# IA Renewal Registration Form



Non-Member

Current AMTSociety Member (Member # \_\_\_\_\_)

Please Check the IA Renewal you wish to attend. Schedule is subject to change. Check [www.AMTSociety.org](http://www.AMTSociety.org) for the most up-to-date information.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Inglewood, CA (9.17.11)       | <input type="checkbox"/> Pittsburgh, PA (11.16.11)    | <input type="checkbox"/> Atlanta, GA (1.25.12)    | <input type="checkbox"/> Corpus Christi, TX (2.22.12) |
| <input type="checkbox"/> Ft. Lauderdale, FL (10.19.11) | <input type="checkbox"/> Sacramento, CA (12.7.11)     | <input type="checkbox"/> Tulsa, OK (2.1.12)       | <input type="checkbox"/> Aurora, CO (3.21.12)         |
| <input type="checkbox"/> Mahwah, NJ (10.26.11)         | <input type="checkbox"/> Houston, TX (1.11.12)        | <input type="checkbox"/> Kansas City, MO (2.8.12) | <input type="checkbox"/> Phoenix, AZ (4.13.12)        |
| <input type="checkbox"/> Seattle, WA (11.9.11)         | <input type="checkbox"/> Salt Lake City, UT (1.18.12) | <input type="checkbox"/> Phoenix, AZ (2.15.12)    |   |

## 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)

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Single Engine Piston | <input type="checkbox"/> 5. Light Turbine |
| <input type="checkbox"/> 2. Twin Engine Piston   | <input type="checkbox"/> 6. Heavy Turbine |
| <input type="checkbox"/> 3. Light Turboprop      | <input type="checkbox"/> 7. Helicopters   |
| <input type="checkbox"/> 4. Heavy Turboprop      |   |

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?

- |   |                                  |  |
|---|----------------------------------|--|
| <input type="checkbox"/> 1. AMTSociety      | <input type="checkbox"/> 5. NATA | <input type="checkbox"/> 9. EAA          |
| <input type="checkbox"/> 2. PAMA            | <input type="checkbox"/> 6. NBAA | <input type="checkbox"/> 99. None        |
| <input type="checkbox"/> 3. ATEC            | <input type="checkbox"/> 7. ATA  | <input type="checkbox"/> 98. Other _____ |
| <input type="checkbox"/> 4. AME Association | <input type="checkbox"/> 8. HAI  |  |

## Payment Information

Current Member (\$21)  Regular/Associate (\$70)  Student (\$36)

Active Military (\$41)  Instructor (\$51)

Check Enclosed

Credit Card \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

Check here if billing address is 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: [angela@amtsociety.org](mailto:angela@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 Student and Instructor Rate)

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
- 55. Corporate Flight/Business Aircraft Operator
- 54. Repair Station w/Helicopter and Other Aircraft Maintenance
- 65. Airline – Major
- 66. Airline – Regional/Commuter
- 67. Airline – Cargo
- 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 \_\_\_\_\_