



Membership Application

- New Membership
- Renewal Membership (Member # _____)

REFER-A-FRIEND PROGRAM
FREE Snap-on ratcheting screwdriver with AMTSociety logo
 Current members receive a screwdriver when a new referred member joins AMTSociety!
Refer 5 friends, get 5 screwdrivers. Fill in "Referred By:" blank below.
All new members to AMTSociety receive a screwdriver
Limited edition, while supplies last. Please allow 4-6 weeks for delivery.

A \$61.75 value!



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)
- Active Military (\$20)
- Check Enclosed
- Credit Card _____ Exp. Date: _____ Security Code: _____
- Billing Address: _____ City: _____ State: _____ Zip: _____
- Check here if same as above

Return Applications to: AMTSociety • 1233 Janesville Ave. • Fort Atkinson, WI. 53538-2738

Phone: 800.547.7377 • Fax 920-563-1699 • Email: penny@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.

Referred By: _____ 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:

Would you like to receive a free one year subscription to AMT Magazine?

- Print Edition (domestic only)
- Digital Edition
- **Email required for Digital 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) _____

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Authorization # _____

Date _____ Amt. _____

Initials _____