

# MEMBERSHIP APPLICATION



NBAA represents organizations and owner/operators using aircraft for business. NBAA's Professional member category is for any person with a pervasive interest in business aviation.

## Professional Membership:

Please select one:

- PROFESSIONAL** **\$370**  
*Any person with a pervasive interest in business aviation who independently contracts with the business aviation community, including: contract pilots, flight attendants, maintenance personnel and similar functions.*
  
- ASPIRING PROFESSIONAL** **\$105**  
*Recent graduates, current and former military, persons not currently employed.*
  
- RETIRED PROFESSIONAL** **\$105**  
*Any person previously employed in business aviation.*
  
- STUDENTS** **\$35**  
*Anyone currently enrolled in a high school, college or vocational program.*

Professional members are restricted to participation by only one individual per membership. They are not eligible to exhibit, sponsor or advertise with NBAA, or access the NBAA Compensation Survey.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Function/Title (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Total Dues Amount:** \_\_\_\_\_

### Credit Card

- Visa     MasterCard     American Express     Discover

Cardholder's Name: \_\_\_\_\_

Account No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV \_\_\_\_\_

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

In accordance with the provisions of IRC Section 6033(e), 50 percent of your NBAA dues are not deductible for federal income tax purposes. NBAA dues are not deductible as a charitable contribution. Please consult your tax adviser for further guidance. Federal Tax ID: 52-1633654.

### To Join by Mail:

Send completed application with either:  
1) A check payable to NBAA in U.S. Dollars, or  
2) Complete credit card information in section at left

By signing at left, I certify that all information contained herein is accurate and complete.

Return this enrollment form with preferred payment method to NBAA in a stamped envelope to: **NBAA, Attn: Membership, P.O. Box 55481, Boston, MA 02205-9981**

**For faster access to NBAA Member Benefits, join online at [www.nbaa.org/join](http://www.nbaa.org/join).**

Do you want your organization listed in the NBAA Member Directory?  Yes  No