

# NBAA MEMBERSHIP APPLICATION



## BUSINESS AVIATION CONTRACTOR

NBAA represents organizations and owner/operators using aircraft for business, as well as business aviation contractors, vendors, suppliers and others with an interest in business aviation.

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

E-Mail Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Do you want to be listed in the NBAA Member Directory?  Yes  No

**Business Aviation Contractor\*** (If you are able to check this box, you may apply as a Business Aviation Contractor.)

You are an individual who independently contracts with the business aviation community, to include: contract pilots, flight attendants, maintenance personnel and similar functions.

*Contractors who own aircraft may not apply as a Business Aviation Contractor and should apply for Business or Corporate Membership.*

**\*MEMBERSHIP RESTRICTIONS:**

- Restricted to participation by only one individual per membership
- Limited to only one listing in the Products & Services section of the NBAA Member Directory and website
- Not eligible for access to the NBAA Compensation Survey
- Cannot exhibit at NBAA conferences or events

NBAA offers several membership types, including an Associate Membership with access to all member benefits. To review membership qualifications or find the right member category, visit us online at [www.nbaa.org/dues](http://www.nbaa.org/dues) or contact an NBAA Member Services Representative at 866-363-4650, or by e-mail at [membership@nbaa.org](mailto:membership@nbaa.org).

**Business Aviation Contractor Dues: \$265**

**Total Dues Amount \$ 265.00**

**To Apply and Pay by Credit Card:**

Fill out credit card information below and send this enrollment form to NBAA by:  
(1) mail to: Membership, NBAA, P.O. Box 55481, Boston, MA 02205-5481. (2) fax to 1-202-530-0979.

Visa       MasterCard       American Express       Discover

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

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

*By signing below, I certify that all information contained herein is accurate and complete:*

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

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

**To Apply and Pay by Check:**

Send application and check (payable to NBAA in U.S. Dollars) in stamped envelope to: **Membership, NBAA, P.O. Box 55481, Boston, MA 02205-5481**