



Membership Application

- New Membership Renewal Membership (Member # _____)

Personal Information

First Name: _____ Middle Initial: _____
 Last Name: _____
 Address: _____

 City: _____ State: _____ Zip: _____
 Phone: _____ Cell Phone: _____
 Email Address**: _____

Educational Information (Required for Students and Instructors)

School Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

FAA Certification (if applicable)

A&P IA Certificate Number: _____

Company Information (if applicable)

Company Name: _____
 Job Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____

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

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 | |

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
- 54. Repair Station w/Helicopter and Other Aircraft Maintenance
- 55. Corporate Flight/Business Aircraft Operator
- 57. Major/Regional Airline
- 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) _____

Payment Information

Regular/Associate (\$49) Student (\$15) Active Military (\$20) Instructor (\$30)

Check Enclosed

Credit Card _____ Exp. Date: _____ Security Code: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Check here if 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: bobi@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.

For Office Use Only

Authorization # _____

Date _____ Amt. _____

Initials _____