



Corporate Membership Application

Corporate Membership - \$950

Applies to organizations actively involved in, and/or supporting aircraft maintenance functions and who wish to promote and support professionalism in Aircraft Maintenance.

Membership includes:

- A plaque recognizing your support of AMTSociety
- Photo and short article in the AMT Magazine Mx Logs Update
- Logo and link on AMTSociety's website
- Display of your logo at AMTSociety IA Renewals
- Display of your logo in other AMTSociety marketing materials.
- One (1) Individual Membership to AMTSociety

All applications must be filled out completely and signed. Please print or type all information.

Organization Name: _____

Primary Organization Contact: _____ Job Title: _____

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

Phone: _____ Fax: _____ E-mail: _____

Web site: _____

Type of Business:

- | | | |
|---|--|---|
| <input type="checkbox"/> A. FBO | <input type="checkbox"/> E. Charter/Air Taxi | <input type="checkbox"/> I. School |
| <input type="checkbox"/> B. Repair Station | <input type="checkbox"/> F. Federal/State/Local Government | <input type="checkbox"/> J. Consultant |
| <input type="checkbox"/> C. Airline | <input type="checkbox"/> G. Manufacturer | <input type="checkbox"/> K. Association |
| <input type="checkbox"/> D. Corporate Flight Department | <input type="checkbox"/> H. Distributor | <input type="checkbox"/> L. Other _____ |

Method of Payment:

Check: Payable to *AMTSociety Corporate Membership*

VISA MasterCard AMEX

Card Number: _____ Expiration Date: _____

Membership fees: \$_____ (Due upon receipt of application)

Check here if information below is the same as above

Name on Card: _____

Billing address: _____ City: _____ State: _____ Zip: _____

I certify that the information given on this application is true and correct.

Signature _____ Date _____

Please remit application and payment to:

AMTSociety – 801 Cliff Road East, Suite 201 – Burnsville, MN 55337 – bobi@amtsociety.org – Fax: 952-894-8252

I would like to make a donation to the AMTScholarships Foundation in the amount of \$_____

Please make Check Payable to: AMTSociety Scholarship Fund

Mail to: Tom Hendershot – 13183 Regulus Drive – Lone Tree, CO 80124-2931