



Aircraft Maintenance Technician Training Registration

- Non-Member** **Current AMTSociety Member (Member # _____)**
- Inglewood, CA (9.11.10) Mahwah, NJ (10.27.10) Seattle, WA (10.8.10) Phoenix, AZ (2.9.11) Aurora, CO (3.16.11)
- Tulsa, OK (9.22.10) Sacramento, CA (11.3.10) Houston, TX (1.12.11) Kansas City, MO (2.16.11) Orlando, FL (4.9.11)
- Ft. Lauderdale, FL (10.13.10) Pittsburgh, PA (11.17.10) Atlanta, GA (1.26.11) Wichita, KS (3.9.11)

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 5. Light Turbine
 2. Twin Engine Piston 6. Heavy Turbine
 3. Light Turboprop 7. Helicopters
 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?

1. AMTSociety 5. NATA 9. EAA
 2. PAMA 6. NBAA 99. None
 3. ATEC 7. ATA 98. Other _____
 4. AME Association 8. HAI

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: angela@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.

Educational Information (Required for Student and Instructor Rate)

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*:

- 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

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) _____

For Office Use Only
 Authorization # _____
 Date _____ Amt. _____
 Initials _____