



**4685 Longbow Drive  
Titusville, FL 32796  
(321)383-9662 FAX: (321)383-8619  
paula @fata.aero  
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**MEMBERSHIP APPLICATION**

COMPANY NAME \_\_\_\_\_

CONTACT: \_\_\_\_\_ TITLE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX: \_\_\_\_\_

WEBSITE \_\_\_\_\_ E-MAIL \_\_\_\_\_

AIRPORT \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_

All employees are considered members. If you would like others in your company to receive our e-mail communications, please provide names and e-mail addresses.

**BUSINESS OPERATION**  
(CHECK ALL THAT APPLY)

- |  |   |
|--|---|
| <input type="checkbox"/> Aerial Survey/Photography | <input type="checkbox"/> Consultant   |
| <input type="checkbox"/> Aerial Application        | <input type="checkbox"/> Corporate Operator   |
| <input type="checkbox"/> Air Ambulance             | <input type="checkbox"/> Education  |
| <input type="checkbox"/> Aircraft Sales            | <input type="checkbox"/> Financial/Financing  |
| <input type="checkbox"/> Aircraft Manufacturer     | <input type="checkbox"/> Fixed Base Operator  |
| <input type="checkbox"/> Airport Management        | <input type="checkbox"/> Flight School <input type="checkbox"/> Part 61 <input type="checkbox"/> Part 141 |
| <input type="checkbox"/> Aviation Insurance        | <input type="checkbox"/> Fuel Supplier/Sales/Service  |
| <input type="checkbox"/> Aviation Association      | <input type="checkbox"/> Law Enforcement  |
| <input type="checkbox"/> Avionics Sales/Service    | <input type="checkbox"/> Legal  |
| <input type="checkbox"/> Cargo                     | <input type="checkbox"/> Maintenance & Repair   |
| <input type="checkbox"/> Charter Operator          | <input type="checkbox"/> Patrol Services  |
| <input type="checkbox"/> Commuter Airline          | <input type="checkbox"/> Other (Specify)  |

Dues are billed annually in January.

\_\_\_\_\_ 1-30 employees \$375 \_\_\_\_\_ over 31employees \$675

Paymen: \_\_\_\_\_ Check \_\_\_\_\_ Credit Card Type: \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa

**FATA DOES NOT ACCEPT AMERICAN EXPRESS.**

Name on Card: \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

For Office Use: Approved by \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

Check # \_\_\_\_\_ For membership from \_\_\_\_\_ to \_\_\_\_\_