

ACTIVE MEMBER APPLICATION

ALASKA AIR CARRIERS ASSOCIATION
 2301 Merrill Field Drive A-3, Anchorage AK 99501
 (907) 277-0071
 office@alaskaaircarriers.org www.alaskaaircarriers.org



Company _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

AFFILIATION

Part 91: Sport Hunting/Fishing Lodge

Part 135: Single Pilot Operator

Part 135: On-Demand Air Taxi

Part 135: Commuter

Part 135: Helicopter Operator

Corporate Operator

Part 121: Airline

Part 145: Repair Station

HUBS: _____

SERVICE AREAS

DIRECTORY INFORMATION

Website: _____

Number of Year-Round Employees _____

Number of Peak Season Employees _____

Number of Year-Round Pilots _____

Number of Peak Season Pilots _____

Number of Aircraft: Total _____

Each Type: _____ Fixed Wing _____ Rotor Wing _____ Float Plane

Aircraft Makes / Models & Number of Each:

KEY PERSONNEL

Administrative or Company Membership Point of Contact _____

Direct Phone _____ Email _____

Owner or President _____

Direct Phone _____ Email _____

Director of Safety _____

Direct Phone _____ Email _____

Director of Maintenance _____

Direct Phone _____ Email _____

Director of Operations _____

Direct Phone _____ Email _____

Chief Pilot _____

Direct Phone _____ Email _____

INDICATE APPLICABLE CATEGORY

<u>ANNUAL GROSS REVENUE</u>	<u>DUES</u>
<input type="checkbox"/> Single Pilot Operation.....	\$ 250
<input type="checkbox"/> \$0 - \$250,000	\$ 500
<input type="checkbox"/> \$250,000 - \$500,000	\$ 850
<input type="checkbox"/> \$500,000 - \$1 million	\$ 1250
<input type="checkbox"/> \$1 million - \$3 million.....	\$ 1650
<input type="checkbox"/> \$3 million - \$6 million.....	\$ 2000
<input type="checkbox"/> \$6 million - \$10 million.....	\$ 2500
<input type="checkbox"/> \$10 million and above	\$ 3000

INDICATE PAYMENT METHOD **(Check is preferred)**

Check payable to AACAA is enclosed. (Mail to AACAA)

Bill the credit card below:
(A 5% handling fee will be added to credit card payments to AACAA.)

MC VISA AMEX Expiration: _____

Billing Address Zip Code: _____

Signature: _____