



MEMBERSHIP APPLICATION

NATIONAL AGRICULTURAL AVIATION ASSOCIATION

Name: _____ Year (1/1 – 12/31) _____

Company: _____

Street/P.O. Address: _____ City, State, ZIP Code/Country: _____

Bus. Phone: _____ Home Phone: _____

Cell Phone: _____ Fax: _____ Spouse: _____

Email: _____ Website: _____

OPERATORS/PILOTS: List State Associations you belong to:

PILOTS, AFFILIATED OPERATORS/AFFILIATED ALLIED:

List member companies you work for: _____

ALLIED INDUSTRY: Indicate your division: Airframe Application Technology Chemical Dealer/Parts Insurance Propulsion Support

MEMBERSHIP CATEGORIES: (please select one)

National Agricultural Aviation Association Bylaws require Operator and Pilot members to be members of a state/regional agricultural aviation association.

<input type="checkbox"/> Operator	\$500, plus \$100 per aircraft for every aircraft over one	Operator of Aerial Application Business (must belong to state/regional Association)
<input type="checkbox"/> Extra Aircraft Over One	\$ _____	\$100 per aircraft for every aircraft over one (per Operator)
<input type="checkbox"/> Affiliated Operator	\$200	Operator Partner, Stockholder, or Non-Pilot Employee
<input type="checkbox"/> Pilot	\$200	Pilot employed by Aerial Application Business (must belong to state/reg. Association)
<input type="checkbox"/> Allied (1–10 employees)	\$500	Any Industrial Organization or Firm closely allied to the Agricultural Aviation Industry
<input type="checkbox"/> (11–50 employees)	\$750	
<input type="checkbox"/> (51–100 employees)	\$950	
<input type="checkbox"/> (101–500 employees)	\$1,100	
<input type="checkbox"/> (500+ employees)	\$1,900	
<input type="checkbox"/> Affiliated Allied	\$200	Partner, Stockholder, or Employee of an Allied Industry Member
<input type="checkbox"/> Support	\$200	Any Member's Spouse, Significant Other, or Any Individual Interested in the Promotion of NAAA Objectives
<input type="checkbox"/> International	\$250	Aerial Applicators & Pilots residing outside the USA
<input type="checkbox"/> Associate	\$95	Person interested in promotion of Aerial Application but not active in industry
<input type="checkbox"/> Organization	\$750	State/Regional Association

PAYMENT: Dues Amount \$ _____ NAAREF Donation* \$ _____ Total \$ _____

Payment Method: (U.S. Funds only) Check enclosed # _____ or Credit Card

Card # _____ Security Code _____ Exp. Date _____

Signature _____ Name on card _____

Billing Address _____ ZIP Code _____

Dues and similar payments may be deducted as ordinary and necessary business expenses subject to restrictions imposed as a result of NAAA's lobbying activities as defined by Section 13222 – Omnibus Budget Reconciliation Act of 1993 (IRS Code 162(e)). The non-deductible portion of dues paid during each calendar year changes reflecting the funds NAAA spends on lobbying activity. Please see your dues receipt for the current year's non-deductible percentage. A subscription to *Agricultural Aviation* magazine (\$30 domestic, \$45 international) is included in the membership dues for all membership categories. Dues, contributions or gifts to NAAA are not tax deductible as charitable contributions for income tax purposes.

*** Please consider a charitable donation to support NAAREF programs. Donations are tax deductible as charitable contributions and provide needed funding for PAASS, Operation S.A.F.E., Fly Safe, etc.**

RETURN THIS APPLICATION TO: NAAA, 1440 Duke Street, Alexandria, VA 22314 www.agaviation.org
Or Fax to: 202-546-5726. Questions, call 202-546-5722 or email to information@agaviation.org