

2024 MEMBERSHIP APPLICATION (1/1 – 6/30/2024)

NATIONAL AGRICULTURAL AVIATION ASSOCIATION



Name: _____ Year (1/1 – 12/31) _____

Company: _____

Street/PO Address: _____ City _____ State: _____

Zip/Country: _____

OPERATORS: List your 137 Certificate # and Aircraft you operate (include Engine Size & Type) _____

Spouse: _____

137 Cert.# _____

Bus Phone: _____

OPERATORS/PILOTS: List State Assoc's you belong to: _____

Fax: _____

Home Phone: _____

PILOTS, AFFILIATED OPERATORS/AFFILIATED ALLIED: List member companies you work for. _____

Email: _____

Cell Phone: _____

ALLIED INDUSTRY: Indicate your division

Website: _____

___ Airframe ___ Application Technology ___ Chemical ___ Dealer/Parts
___ Insurance ___ Propulsion ___ Support

MEMBERSHIP CATEGORIES: (PLEASE SELECT ONE)

___ Operator	\$ 635	Operator of Aerial Application Business
___ Extra Aircraft	\$ _____	\$135 extra per aircraft over 1 per operator
___ Affiliated Operator	\$ 270	Operator Partner, Stockholder, or Non-Pilot Employee
___ Pilot	\$ 270	Pilot employed by Aerial Application Business (must belong to state/reg. Association)
___ Allied (1-10 employees)	\$ 635	
(11 – 50 employees)	\$ 935	
(51 – 100 employees)	\$ 1,185	
(101 – 500 employees)	\$ 1,370	
(501+ employees)	\$ 2,355	
___ Affiliated Allied	\$ 270	Partner, Stockholder, or Employee of an Allied Industry Member
___ Associate	\$ 130	Person interested in promotion of Aerial Application but not active in industry (non-voting)
___ International	\$ 320	Aerial Applicators & Pilots residing outside the USA (non-voting)
___ Organization	\$ 935	Organization Membership (non-voting) – State/Regional Ag Associations
___ Support	\$ 270	Employees and significant others employed or involved in supporting roles of an aerial application operation, including spouses, office personnel, mechanics, mixer/loaders, etc. (voting member)
___ Aerial Imaging	\$ 220	Individual or company using manned aircraft, satellites and/or unmanned aircraft systems to produce aerial images for agriculture purposes (non-voting)

Referred by (provide name and company), if any: _____

Payment Method: (US Funds only) ___ Check enclosed # _____ or ___ Credit Card

Amount \$ _____ Card # _____ Security Code _____ Exp. Date _____

Signature _____ Name on card _____

Billing Address _____ Zip Code _____

- ☐ **SIGN ME UP FOR AUTOMATIC RENEWAL!** By clicking here, I authorize NAAA to charge my membership dues and NAAREF donation on Sept. 1 of each year to the credit card shown above. To change or opt out of automatic renewal, call NAAA at 202-546-5722.

Dues, contributions or gifts to the NAAA are not tax deductible as charitable contributions for income tax purposes. Dues and similar payments may be deducted as ordinary and necessary business expenses subject to restrictions imposed as a result of the NAAA's lobbying activities as defined by Section 13222 – Omnibus Budget Reconciliation Act of 1993 {IRS Code 162(e)}. *Agricultural Aviation* subscription (\$45 domestic, \$60 international) is part of the dues amount shown above for all membership categories.

RETURN THIS APPLICATION TO: NAAA, 1440 Duke Street, Alexandria, Virginia 22314

www.agaviation.org

Questions, call (202) 546-5722 or email to information@agaviation.org