

AAAA INDUSTRY MEMBERSHIP

1. Select membership type:

_____ **Full Membership - Annual Dues of \$975.00**

Includes: Twenty-four (24)* Individual Memberships (Greater than \$10 million in gross annual sales to DA.)

_____ **Associate Membership - Annual Dues of \$475.00**

Includes: Twelve (12)* Individual Memberships (Less than \$10 million in gross annual sales to DA.)

* Additional individual memberships can be purchased at a rate of \$26.00 for each individual membership requested over the number included with your membership package

2. Complete Corporate information below.

3. Complete information requested on the Industry Individual Membership Form for each individual you are enrolling. This section may be duplicated as needed to provide information for each new member.

4. Send a check made payable to "AAAA" for \$975 (Full Membership) or \$475 (Associate Membership) to: **AAAA, 755 Main Street, Suite 4D, Monroe, CT 06468-2830**

Organizational Information:

Corporate Name To Be Used For Industry Membership

Principal Address of Corporate Headquarters

Divisions and/or Subsidiaries Recognized under this Industry Membership

Full name and Title of Chief Executive Officer

Name and Telephone Number of Individual Submitting this Application

Principal Army Aviation Service and/or Product

Primary Business:

Check One:

- Manufacturing (1)
- Maintenance/Product Support (2)
- Consultant/Special Services (3)
- Educational (4)
- Association (5)
- Publication (6)
- Government/Military (Z)
- Other (O): (Please specify):

If Manufacturing, Check One Below:

- Diversified (D)
- Helicopter (H)
- Fixed Wing (F)
- UAV/RPV (U)
- Engine (E)
- Component (C): Please specify:

Check all of interest:

- Simulation (1-S)
- Avionics (2-A)
- Weapons (3-W)
- Special Operations Avn. (4-S)
- Aircraft Survivability Equip. (5-A)
- Aviation Safety (6-A)
- Air Traffic Services (ATS) (7-A)
- Life Support Equipment (8-L)
- MEDEVAC (9-M)
- Other: (Please specify)



ARMY AVIATION ASSOCIATION OF AMERICA, INC.

AAAA, 755 Main Street, Suite 4D, Monroe, CT 06468-2830
Tele: (203) 268-2450 – Fax: (203) 268-5870



INDUSTRY INDIVIDUAL MEMBERSHIP FORM

**Designated Member Representatives: The first two people listed below will receive all AAAA Convention, Symposia, Advertising, and Press Release information and be responsible for distributing to the correct individuals in your organization.*

*First Name _____ MI _____ Last Name _____
Firm _____
Mailing Address _____
City _____ State _____ Zip _____
Title _____
Business Telephone (_____) _____
Fax (_____) _____

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Firm _____
Mailing Address _____
City _____ State _____ Zip _____
Title _____
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INDUSTRY INDIVIDUAL MEMBERSHIP (Cont.)

First Name _____ MI _____ Last Name _____
 Firm _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Title _____
 Business Telephone (_____) _____
 Fax (_____) _____

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