



## MEMBERSHIP APPLICATION

### Iowa Agricultural Aviation Association

#### IAAA MEMBERSHIP DUES (choose the option that applies)

**OPERATORS:** Any person operating a bona-fide agricultural aviation business and holding or employing a person who is holding a valid Operating Certificate issued under Part 137 of the Federal Aviation Administration regulations, or any Federal Aviation Agency Part that may supersede this Part, and meets the requirements that are or may be set forth, at any time by a federal or business operations state law may qualify as an operator member.

I **DO NOT** belong to the National Agriculture Aviation Association. (\$250) \$ \_\_\_\_\_

I **AM** a member of the National Agriculture Aviation Association. (\$200) \$ \_\_\_\_\_

**PILOTS:** Any person who is qualified as a pilot under Part 137 of the Federal Aviation Administration regulations, is or has been employed as an agricultural aviation pilot, and is not an operator as defined above. (\$50) \$ \_\_\_\_\_

**ALLIED INDUSTRY MEMBER:** Industry organizations and firms or their representatives not engaged in agricultural aviation but closely allied to the agricultural aviation industry, such as, but not necessarily limited to aircraft manufacturers, aircraft engine manufacturers, systems suppliers, fuel companies, insurance underwriters, agricultural chemical manufacturers, agricultural chemical suppliers and other industries which serve the agricultural aviation industry. (\$150) \$ \_\_\_\_\_

**WEBSITE SPONSORSHIP:** IAAA is looking for website sponsors from its Allied Industry Members if interested. If you would like to be a website sponsor for the year of 2017 please add the additional costs to your membership. We will also need a company logo and website address to link to the sponsorship for our website. (\$200) \$ \_\_\_\_\_

**ASSOCIATE MEMBER:** Any firm, corporation, partnership or individual interested in the promotion or welfare of agricultural aviation that does not meet the qualifications set forth for membership in any above listed category. (\$150) \$ \_\_\_\_\_

#### Make your check payable to: IAAA

NAME \_\_\_\_\_

SPOUSE/OTHER NAME (if applicable) \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

FAX \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ WEB ADDRESS \_\_\_\_\_