

Membership Application

Mail application and payment to ACSF
4226 King Street
Alexandria, VA 22302
Or fax to 703-845-8176



Member Information (type or print clearly)

CONTACT NAME (PRESIDENT/OWNER OR PRIMARY CONTACT) _____ TITLE _____

COMPANY NAME _____

ADDRESS _____

ADDRESS _____

PHONE _____ E-MAIL _____

For Part 135 or 91(K) Operators Only

NAME AND TITLE OF INDIVIDUAL RESPONSIBLE FOR SAFETY
OVERSIGHT (Safety Manager, Director of Safety or Other)

PART 135 CERTIFICATE NUMBER OR 91(K) AUTHORIZATION

Fleet Composition

(List number of each on Operations Specification D085, 91(K)
Authorization, or managed by Member)

Piston airplane _____ Turbo-prop airplane _____

Turbine airplane _____ Piston rotorcraft _____

Turbine rotorcraft _____

ANNUAL DUES

Choose the category of membership below that best describes your company.
Then, where applicable, select your fleet size to determine your dues.

REGULAR MEMBER Company sells air transportation.

Category I: Company operates or manages aircraft.

Ex: 135 certificate holders, 91(K) program managers,
and aircraft management companies

Annual contributions are based on fleet size.

Fleet Size	
1-2 Aircraft	\$1,000
3-6 Aircraft	\$1,750
7-14 Aircraft	\$2,500
15-49 Aircraft	\$5,000
50+ Aircraft	\$10,000

Category II: Company has no aircraft but is involved in air
transportation transactions.

Ex: Brokers, card program managers, and others

Annual contributions are based on annual revenue.

Annual revenue up to \$1 million	\$5,000
Annual revenue from \$1-20 million	\$10,000
Annual revenue more than \$20 million	\$15,000

ASSOCIATE MEMBER \$2500

Company views ACSF's regular members as their target market.

Ex: Insurance companies, training centers, maintenance facilities,
aircraft manufacturers and others

AFFILIATE MEMBER \$1000

Non-profit organizations and small businesses (defined as businesses
with three or less employees) that have an interest in the charter
aviation industry.

Ex: Associations, sole-practitioner businesses, hospitals/medical facilities,
airport authorities, government agencies, foundations, and others

Check Enclosed *Make checks payable to ACSF*

Credit Card VISA MC AMEX

Total amount to charge/check amount

Card Number Exp. Date Card ID Number

Name on card

Signature