



# NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION ASSOCIATE MEMBERSHIP APPLICATION

Name		
Facility (if applicable)	Region (if applicable)	
Mailing Address		
City	State	ZIP Code
Email Address	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Cellphone

Please remit this application and payment to: By Mail **NATCA - ATTN: Membership Department**  
**1325 Massachusetts Avenue, N.W.**  
**Washington, D.C. 20005**  
By Fax **202-380-9118**

I, \_\_\_\_\_, hereby acknowledge that my NATCA Associate Membership is for a term of one year and that I agree to pay my membership dues by the payment method indicated below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Choose one of the following three Associate Member Categories:**

**Associate Member - Family: \$25 per year**  
*Name & Membership Number of Active/Retired NATCA Family Member \_\_\_\_\_*

**Associate Member – Standard: \$100 per year**

**Associate Member – Premium: \$250 per year**

Method of payment: Check  Make checks payable to: **NATCA**

Credit card: MasterCard  Visa  AMEX  Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

<b>FOR NATCA USE ONLY</b>		
Date Received: _____	Date Entered: _____	Initials: _____