



# Aviation Instrument Association

## MEMBERSHIP APPLICATION

- Full Membership (FAA Certificated Repair Station)  
 Associate Membership

**Mail completed application and payment to:**

Aviation Instrument Association  
Attn: Russ Schulte, Secretary-Treasurer  
2135 Airport Road  
Waterford, MI 48327 USA

**Annual membership dues of \$250.00 must accompany this completed application.**

Company Name: \_\_\_\_\_

Membership Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Province: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Toll Free: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Company Website URL: \_\_\_\_\_

FAA Repair Station#: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Ratings: \_\_\_\_\_

Specialties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Manufacture/Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY:**       APPROVED       REJECTED       INCOMPLETE

Check# \_\_\_\_\_ Date Paid \_\_\_\_\_ Renewal Date \_\_\_\_\_ Initials: \_\_\_\_\_