

ASSOCIATE MEMBERSHIP

APPLICATION FORM

COMPANY NAME	
COMPANY BUSINESS	
COMPANY ADDRESS	
TELEPHONE	
FAX	
PRIMARY CONTACT	Name: Position: Telephone: Email:
SECONDARY CONTACT	Name: Position: Telephone: Email:

OTHER CONTACT(S)	Name: Position: Telephone: Email:
ARE YOU A MEMBER OF OTHER TRADE ASSOCIATIONS / BODIES?	YES / NO If YES, which one(s):

Annual Fee: £500 + VAT = £600

Please send a cheque payable to the British Air Transport Association, or contact us for bank transfer details.

SIGNED: _____

NAME: _____

DATE: _____