



Application for ISTAT Corporate Airline Membership

Name: _____ Title: Mr./Ms./Dr. (circle one)

Job Title: _____

Company: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Company Web site: _____

Company Specialty (select primary specialty with #1 and secondary with #2):

Airline* Cargo Airline* Airline Products & Services Consultant Appraisal
 Leasing Insurance Legal Trader Broker Manufacturer Finance
 Maintenance Overhaul Services Computer Information Services

Members to be listed under the Airline Membership:

You may list up to six (6) people

1. Name: _____ Job Title: _____
Company _____
Street Address: _____
City: _____ State/Province: _____ Postal Code: _____
Country: _____
Telephone: _____ Fax: _____
Email Address: _____

2. Name: _____ Job Title: _____
Company _____
Street Address: _____
City: _____ State/Province: _____ Postal Code: _____
Country: _____
Telephone: _____ Fax: _____
Email Address: _____

3. Name: _____ Job Title: _____
Company _____
Street Address: _____
City: _____ State/Province: _____ Postal Code: _____
Country: _____
Telephone: _____ Fax: _____
Email Address: _____

4. Name: _____ Job Title: _____
Company _____

Street Address:
City: State/Province: Postal Code:
Country:
Telephone: Fax:
Email Address:

5. Name: Job Title:
Company
Street Address:
City: State/Province: Postal Code:
Country:
Telephone: Fax:
Email Address:

6. Name: Job Title:
Company
Street Address:
City: State/Province: Postal Code:
Country:
Telephone: Fax:
Email Address:

**Submit application and fee to:
International Society of Transport Aircraft Trading
401 N. Michigan Avenue, Suite 2200
Chicago, IL 60611, USA
Telephone: 1.312.321.5169 ♦ Fax: 1.312.673.6579 ♦ email: istat@istat.org**