



## Application for ISTAT Airline Membership

Please complete and submit with payment.

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 Corporate 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:

**Payment Methods: \*airline personnel complimentary for one year upon approval**

ISTAT follows a calendar year dues cycle. All new memberships will receive a paid through date of 31 December in the current year.

**Check in USD payable to International Society of Transport Aircraft Trading**  
 **Credit card:**     **MasterCard**         **Visa**         **American Express**

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_/\_\_ (mm/yy)

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**Bank Wiring Instructions:** Please contact the ISTAT office for bank wiring instructions.

**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**