



## Membership Application Form

Title: Mr/Mrs/Ms/Dr \_\_\_\_\_ Other \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax No \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

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### Membership Annual Fees

IAEMA Membership – 1 Calendar Year (January – December)      US \$1,000

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**Please return completed application to:**

**IAEMA**  
**The International Airport Equipment Manufacturers' Association**  
**136 Everett Road**  
**Albany, NY 12205**  
**Phone: 518.694.5532**  
**Email: [info@iaema.org](mailto:info@iaema.org)**