



**AIR TRANSPORT ASSOCIATION OF CANADA  
APPLICATION FOR MEMBERSHIP**

TO: Board of Directors DATE: \_\_\_\_\_

The undersigned hereby applies for membership in the Air Transport Association of Canada and if accepted by the Board to membership agrees to abide and be bound by the constitution and By-laws of the Association as well as its Code of Ethics and its Competition Law Compliance Guidelines as they now are, or as they may be hereafter amended, and further agrees that if for any cause membership is terminated, to relinquish all right, title and interest in the Association, its property and assets. **The Official Representative designated shall be either, an officer, director or senior official of the partnership or corporation; or employed by the said partnership or corporation to a substantial degree in the management and/or operation of the partnership or corporation as such person's principal occupation.**

NAME OF FIRM (please print): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEB: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

NAME OF OFFICIAL REPRESENTATIVE TO ASSOCIATION: (See above) \_\_\_\_\_

TITLE: \_\_\_\_\_

**MEMBERSHIP**

- Members** - Based on Annual Gross Flying Revenue  
Our company should be placed in Level \_\_\_\_\_ of the membership
- Aviation Educational Institutions** - Based on Full-Time Equivalent Aviation Students  
Our institution should be placed in Level \_\_\_\_\_ of the membership
- Industry Partners** - Based on Canadian Aviation Related Revenue  
Our company should be placed in Level \_\_\_\_\_ of the membership
- Foreign Operator Industry Partners**

**See Fee Schedule  
to determine  
Membership Category  
and  
Level of membership**

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY OFFICERS: \_\_\_\_\_

COMPANY DIRECTORS: \_\_\_\_\_

MISCELLANEOUS CORPORATE INFORMATION: \_\_\_\_\_

**RETURN TO:**  
**Danielle Lavoie**  
**Air Transport Association of Canada**  
**700-255 Albert St. Ottawa, ON K1P 6A9**  
**Email: [dlavoie@atac.ca](mailto:dlavoie@atac.ca) Tel: (613) 233-7727 ext. 304 Fax: (613) 230-8648**