



RTCA, Inc.
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RTCA MEMBERSHIP APPLICATION

Name of Organization:

US Based
 International

Primary Representative	Alternate Representative
Name:	Name:
Title:	Title:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

Statement of organization's aviation-related activities:

Please Indicate Category	RTCA Dues Structure	Dues Amount
<input type="checkbox"/> Less than \$1 million gross revenue		\$600.00
<input type="checkbox"/> \$1 million to \$10 million gross revenue		\$2,200.00
<input type="checkbox"/> \$10 million to \$100 million gross revenue		\$3,000.00
<input type="checkbox"/> \$100 million to \$500 million gross revenue		\$4,500.00
<input type="checkbox"/> \$500 million to \$1 billion gross revenue		\$10,000.00
<input type="checkbox"/> Over \$1 billion gross revenue		\$12,500.00
<input type="checkbox"/> International Government Associates		\$2,200.00
<input type="checkbox"/> Academic Institutions		\$1,200.00

Payment Options

- I am enclosing \$_____ to establish my RTCA membership. Please make your checks payable to RTCA, Inc

- I wish to charge my membership to my credit card. (MasterCard, Visa, American Express)
 - Card Number _____ Exp. Date _____
 - CIN # _____ (3 or 4 digit security code from your card)
 - Signature _____
 - Name on Card _____

- Wire Transfer. For this option, please contact the RTCA accounting department for information regarding payment by wire transfer.