# NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION

## ASSOCIATE MEMBERSHIP APPLICATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Facility (if applicable)</th>
<th>Region (if applicable)</th>
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<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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<thead>
<tr>
<th>Email Address</th>
<th>☐ Cellphone</th>
<th>☐ Home Phone</th>
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### PLEASE SUBMIT APPLICATION AND REMIT PAYMENT TO:

- **By Email**: membership@natca.org
- **By Fax**: 202-628-9558
- **By Mail**: NATCA - Membership Department 1325 Massachusetts Avenue, NW Washington, DC 20005

I, ______________________, hereby acknowledge that my NATCA Associate Membership is for a term of one year and that I agree to pay my membership dues by the payment method indicated below.

Signature _______________________________________________________ Date _________________________

Choose one of the following three Associate Member Categories:

- ☐ Associate Member - Family: $25 per year
  Name & Member Number of the Active or Retired NATCA Family Member ____________________________________

- ☐ Associate Member – Standard: $100 per year

- ☐ Associate Member – Premium: $250 per year

Method of payment:  
☐ Check ☐ Make checks payable to: NATCA  

Credit card:  
☐ MasterCard ☐ Visa ☐ AMEX ☐ Discover ☐  

Card Number ___________________ Expiration Date ___________

*You will be contacted by Membership Services for the CVV code and the billing zipcode

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### FOR NATCA USE ONLY

Date Received: _____________________ Date Entered: ___________________ Initials: _____________