



Representing Ontario's Airports

Member Registration

5-50 Terminal St., North Bay, ON, P1B8G2 | Ph: 1-705-474-1080 | TF: 1-877-636-2626
F: 1-705-474-2379 | amco@amco.on.ca | www.amco.on.ca

Please complete this application and return with payment to the AMCO office. If payment is made by credit card, you can call the Council to make arrangements, or you can complete the information below for processing. Business Member information will be posted online within our Business Member Directory. All Member information will be published in AMCO's membership directory.

Company/Airport/Aerodrome Name: _____

Primary Member Contact: Mr. / Mrs. / Ms. _____ Title: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Toll Free: _____

E-Mail: _____ Company Website: _____

Membership Type: (please use the left column to indicate [X] which one applies)

<input type="checkbox"/>	Aerodrome Member	A registered aerodrome	\$424 + HST
<input type="checkbox"/>	Airport Member, Small	Certified airports which generate \$0 to \$500,000 in gross revenue annually.	\$600 + HST
<input type="checkbox"/>	Airport Member, Medium	Certified airports which generate \$500,001 to \$1,000,000 in gross revenue annually.	\$899 + HST
<input type="checkbox"/>	Airport Member, Large	Certified airports which generate over \$1,000,000 in gross revenue annually.	\$1324 + HST
<input type="checkbox"/>	Business Member	Company which has products or services to sell/provide to the airport industry.	\$600 + HST
<input type="checkbox"/>	Associate Member	Individuals and non-profits who do not have products or services to sell/provide.	\$600 + HST
<input type="checkbox"/>	Sustaining Member	Includes membership, 2 convention registrations, and a financial contribution	\$2693 + HST

Business Members please briefly describe services or products: _____ (this information will be displayed on your directory listing)

How did you hear about AMCO?

Yes, I will allow my information to be displayed on the membership list, & my company information given as referrals. (Under the Privacy Legislation Act, we require your permission)

No, please contact me to clarify

How can the Airport Management Council of Ontario help you get the most out of your membership?

(i.e. Networking, Advertising, Training)

PAYMENT METHOD

Please find enclosed my cheque payable to the **Airport Management Council of Ontario (AMCO)**

Purchase Order # _____

Upon receipt of this form, please charge my (Circle one): **MasterCard** **Visa**

(Cardholder) Name on Card: _____

Account #: _____

Exp. Date: _____ Signature: _____