



Individual Membership Application

1635 Prince Street, Alexandria, Virginia 22314
Phone: 703-683-4646; Fax: 703-683-4745
www.rotor.com

Office Use Only

J
E
S

updated 02/18/11

Mr. Ms. Dr. Name _____

Home Address _____

City / State / Zip or Postal code _____

Country _____

Phone _____

E-mail _____

Employer _____

School / Expected Date of Graduation (Students only) _____

How did you hear about HAI? _____

- Pilot or Mechanic/Technician Member:** any licensed pilot or mechanic whose interests are consistent with the Association's Code of Ethics and Purpose, provided such individual is not an officer, director or majority owner of an entity that would qualify for Regular or Associate Member classification. **Dues: \$80**
- Sustaining Member:** any individual interested in following events of the helicopter industry, provided such individual is not an officer, director or majority owner of an entity that would qualify for Regular or Associate Member classification. **Dues: \$80**
- Student Member:** any full or part-time student enrolled in a flight training school, A&P school, college, or university. Applicants must provide their school's name, expected date of graduation, and proof of student status. Accepted forms of proof include a valid school ID, a letter signed by an advisor or an instructor, or a receipt for tuition. **First Year Free! (\$35/year thereafter)**

Please note: Individual membership does not entitle the holder to the privileges of Regular, Associate or Affiliate Membership.

Dues: The membership year runs from July 1 through June 30. New members pay a full year's dues when joining. If you join during the fiscal year, a credit will be applied to the next year's dues. HAI dues are not refundable. HAI dues are not deductible as a charitable contribution for tax purposes; however, 95% are deductible as a business expense.

Payment

Annual Dues _____

Method of Payment

Check, in U.S. Dollars

Visa/MasterCard/American Express/Discover

Postage Surcharge* _____

Account # _____

Exp. Date _____

Total

Cardholder _____

* A postage Surcharge of \$15 applies to members outside the United States.

Signature _____

I hereby certify that the information contained in this application is true to the best of my knowledge. I agree to abide by the HAI Code of Ethics as put forth in the HAI Bylaws, and as listed on the HAI Web site and in the membership brochure.

Signature _____

Date _____

Please note: HAI respects your contact information. Your phone and e-mail address will be used for HAI business only.