



Airforwardsers Association
Application for Membership

YES! We want to apply for membership in the Airforwardsers Association.

Sign me up for the \$99 new member special* (The special only applies to first time members).

1. COMPANY INFORMATION

Company _____
 Contact _____
 Title _____
 Address _____
 City _____ State _____ Zip Code _____ Country _____
 Telephone () _____
 Fax () _____
 Email Address _____
 Website address _____
 Years in Business _____
 Types of Service (Circle all that apply):
Domestic: Same Day Overnight Next Day 2nd Day 3rd Day
International: Consolidation Next Flight Out
 FAA Security Agreement No. (Forwarders Only) _____
 Number of US Employees _____
 Referred by (optional): _____

2. FORWARD MAGAZINE

*The principle contact and two others from the same company will receive a **free** subscription to **FORWARD**, the official magazine of AfA. Additional subscriptions are also available to members at \$15.00 a year.

2nd Subscription
 Name _____
 Address _____
 City _____ State _____ Zip Code _____ Country _____
3rd Subscription
 Name _____
 Address _____
 City _____ State _____ Zip Code _____ Country _____

3. MEMBERSHIP CATEGORIES AND DUES INVESTMENT SCHEDULE

- REGULAR MEMBER (Forwarder)
 ASSOCIATE MEMBER (Non-Forwarder)
 AFFILIATE MEMBER (Cartage Agents)

| NORMAL DUES SCHEDULE | | | |
|----------------------|-------------|------------------|-------------|
| REGULAR MEMBER | | ASSOCIATE MEMBER | |
| U.S. Employees | Annual Dues | U.S. Employees | Annual Dues |
| 1-10 | \$750.00 | 1-50 | \$995.00 |
| 11-50 | \$1,315.00 | 51+ | \$1,595.00 |
| 51+ | \$2,350.00 | AFFILIATE MEMBER | |
| | | U.S. Employees | Annual Dues |
| | | 1-10 | \$295.00 |
| | | 11+ | \$495.00 |

4. PAYMENT OPTIONS

Payment Due:

New Member Special **\$99.00**
Total **\$ _____**

PAYMENT CAN BE BY CHECK OR CREDIT CARD
 MAKE CHECKS PAYABLE TO AIRFORWARDERS ASSOCIATION

Enclosed is our check payable for: \$ _____

Please charge (circle one) AMEX VISA MasterCard

Card Number _____
 Expiration Date _____
 Name on Card _____
 Signature _____

5. AUTHORIZATION

We agree to abide by AfA's Standards of Conduct. By submitting this application I confirm that my company is paying the proper dues amount based on the total number of employees of my company.

Signature _____
 Date _____

Application with payment may be mailed or faxed to:
AFA, Attn: Tara McLaughlin
529 Fourteenth Street, NW, Suite 750
Washington, D.C. 20045
Fax: 202-223-9741

For Federal Income Tax purposes, membership dues and contributions to this Association are deductible as business expenses, not as charitable deduction.