



Independent  
AIRCRAFT MODIFIER ALLIANCE

## APPLICATION FOR MEMBERSHIP

### APPLICANT

Company name .....  
Tax ID number .....  
Address .....  
Countries of Operation .....  
Website .....  
Phone + .....

### MAIN CONTACT PERSON

Name .....  
Position .....  
Email .....  
Phone +.....

### BUSINESS INFORMATION

Business activities	Member category	Level of contribution for 2020 (USD)	Member as (please choose a category) <sup>1</sup>
Major STC suppliers active in FAR/CS25 Aircrafts, providing major, complex and non-basic modifications	Full Member <sup>2</sup>	50,000	
	Reduced Flexible Full 2021 <sup>3</sup>	25,000	
STC suppliers active in FAR/CS25 Aircrafts modification by providing Design Engineering & Certification services	Basic Member	5,000	
Company involved in aircraft retrofit business but not providing STC design engineering and certification services on their own	Advisory Member	50,000	
Aircraft operators / aircraft owners (airlines, lessors)	Subscriber	Free	

<sup>1</sup> In the case of a corporate group, only one subsidiary can be member in a category but the corporate group can have one subsidiary in each category.

<sup>2</sup> Companies applying as Full Members shall provide the IAMA Office with 2 endorsement references from other Full members and a list of major STC they hold.

<sup>3</sup> Reduced flexible Full Membership provides Full Member rights with a reduction to actively participate in maximum 2 working groups. Additions up to all working groups can be made throughout the year.



Independent  
**AIRCRAFT MODIFIER ALLIANCE**

**Company Representative in General Assembly**

Name of the representative .....

Position .....

Email .....

Phone .....

**PARTICIPATION TO IAMA WORKING GROUPS (reserved for full members, advisory members and subscribers)**

NB: The full members must participate in at least two working groups

STC Standard Working Group

Name of the representative .....

Position .....

Email .....

Phone .....

Certification & Authority Affairs working group

Name of the representative .....

Position .....

Email .....

Phone .....

IAMA community and aligned information campaign working group

Name of the representative .....

Position .....

Email .....

Phone .....

Intellectual property working group

Name of the representative .....

Position .....

Email .....

Phone .....

My company is pleased to join IAMA. Upon receipt of this application form, the IAMA Office will submit it to the IAMA Executive Board. Once the application is approved by the Board, IAMA will issue an invoice. I understand that the membership of my company will be processed once IAMA has received the corresponding payment.



I hereby acknowledge to have read the IAMA Code of Conduct and Competition Compliance Guidelines and confirm my commitment to adhere to them at all times during my participation in the meetings.

I hereby commit also the company and its representatives in IAMA to the same obligations.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of the representative(s) authorized to sign for the company:

.....

(place a second signature, if required according to the company's authorization rules)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of the representative(s) authorized to sign for the company:

.....