

## **APPLICATION FOR MEMBERSHIP 2023<sup>1</sup>**

APPLICANT	
Company name	
Tax ID number	
Address	
Countries of Operation	
Website	
Phone	+
MAIN CONTACT PERSON	
Name	
Position	
Email	
Phone	+

## **BUSINESS INFORMATION**

Business activities	Member	Level of contribution	Member as (please
	category	for 2023 (USD)	choose a category) <sup>2</sup>
Major STC suppliers active in FAR/CS25 aircrafts, providing major,	Full Member <sup>34</sup>	50,000	
complex and non-basic modifications	Reduced Flexible Full 2023 <sup>5</sup>	25,000	
STC suppliers active in FAR/CS25	Basic Member	5,000	
aircrafts modification by providing			
Design Engineering & Certification			
services, contractors and consultants			
Companies involved in aircraft retrofit	Advisory	50,000	
business but not providing STC design	Member		
engineering and certification services	Reduced Flexible	25,000	
on their own	Advisory 2023 <sup>6</sup>		
Aircraft operators / aircraft owners	Subscriber	Free	

<sup>&</sup>lt;sup>1</sup> Companies joining in 2022 will be considered as IAMA members as soon as they are approved by the IAMA Board but will only be invoiced for the 2023 annual contribution.

<sup>&</sup>lt;sup>2</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>&</sup>lt;sup>3</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>&</sup>lt;sup>4</sup> The costs of the initial audit and of the renewal audit are included for the Full Members.

<sup>&</sup>lt;sup>5</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 by contacting <a href="mailto:info@iamalliance.aero">info@iamalliance.aero</a>. The flexible membership is valid for 2023 only, except if a prolongation is voted by the General Assembly for 2024.

<sup>&</sup>lt;sup>6</sup> Reduced flexible Advisory Membership provides Advisory 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 by contacting <a href="mailto:info@iamalliance.aero">info@iamalliance.aero</a>. The flexible membership is valid for 2023 only, except if a prolongation is voted by the General Assembly for 2024.



(commercial airlines, lessors)			
(10000000000000000000000000000000000000			<u> </u>
Company Representative in Gener	al Assembly		
Name of the representative	e		
Position			
Email			
Phone	+		
PARTICIPATION TO IAMA WORKI	NG GROUPS (reser	ved to Full Members,	Advisory
Members and Subscribers)	•		-
NB: The full members must partici	pate in at least two	working groups	
STC Standard Working Gro	up		
Name of the representative	e		
Position			
Email			
Phone			
Certification & Authority A	ffairs Working Grou	р	
Name of the representative	=		
Position			
Email			
Phone			
IAMA community and aligr	ned information cam	npaign Working Group	
Name of the representative			
Position			
Email			
Phone			
Intellectual property Work	ing Croup		
Intellectual property Work  Name of the representative	•		
Position	C	•••••	
Email	•••••	••••••	
emaii Phone			
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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	of the representative authorized to sign for the compar	ny:
(Place a rules)	a second signature, if required according to the co	ompany's authorization
Date:	Signature:	
Name of	of the representative authorized to sign for the compar	ny: