



Independent
AIRCRAFT MODIFIER ALLIANCE

SIMPLIFIED SUBSCRIBER APPLICATION FORM FOR OPERATORS AND LESSORS

APPLICANT*

Company name
Address
Countries of Operation
Website
Phone +

MAIN CONTACT PERSON

Name
Position
Email
Phone +

* Applicants must either be aircraft operators or aircraft owners or associations directly related to aircraft operators and / or aircraft owners to get accepted as **free of charge subscribers**.

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 a confirmation to the main contact person. Upon reception of the confirmation, access will be given to the main contact person and additional company representatives (if applicable) to the IAMA Rulebook, all IAMA Educational content, IAMA working groups and IAMA events.



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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. I will ensure commitment to those guidelines for any additional representative of my company within IAMA.

I hereby also consent that once the subscription is confirmed it will be published as information on-line including listing at the IAMA Website Member & Subscriber section.

Date: _____ Signature: _____

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

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(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:

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