



Membership Application Form

Title: Mr/Mrs/Ms/Dr _____ Other _____ First
Name _____ Last Name _____
Position _____
Company _____
Address _____
City _____ State _____ Zip _____ Country _____
Tel. No. _____ Fax No _____
Email _____
Signature _____

Membership Annual Fees

Company turnover less than 3 million US Dollars	US \$500
Company turnover greater than 3 million US Dollars	US \$1,000
Affiliate Membership for non-manufacturers	US \$1,000

Please return completed application to:

IAEMA
The International Airport Equipment Manufacturers' Association
136 Everett Road
Albany, NY 12205
Phone: 518.694.5532
Fax: 518.252.4519
Email: info@iaema.org