



ASSOCIATE MEMBER APPLICATION

Associate: Any corporation, government agency or other entity that **supplies goods or services to the Canadian helicopter industry**, but that does not hold an Air Operator Certificate issued pursuant to Part VII of the Canadian Aviation Regulations, satisfied the requirements for admission and has paid the dues established by the Board.

Please view the link below to determine the Applicable Application Form Categories -
http://www.h-a-c.ca/Members_Rights_Responsibilities.pdf

Organization Name: _____

Primary Product/Service: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Website: _____

Name of HAC Contact Representative: _____ Position Title: _____

Email of HAC Contact Representative: _____ Phone: _____

Signature of Primary Contact Representative: _____

Accounting Department Email: _____

Accounting Department Telephone # : _____ Date: _____

Associate Dues
Fiscal Year September 1 – August 31st

Kindly indicate your organization's gross annual income by marking an 'X'. Please note that this information will be reviewed accordingly.

Under \$999, 999	\$682.00 CAD	___
\$1,000,000 to \$4,999,999.....	\$1,228.00 CAD	___
\$5,000,000 to \$9,999,999.....	\$2,050.00 CAD	___
\$10,000,000 & Over.....	\$3,420.00 CAD	___

Applicable taxes will be applied based on your region. This does not apply to companies located outside of Canada*

Please submit application to chanel.barnes@h-a-c.ca
Your application will be reviewed, and an invoice issued.
PLEASE DO NOT EMAIL OR FAX CREDIT CARD DETAILS