



MEMBERSHIP APPLICATION

Please return via Fax: 202.628.9558 || Email: membership@natca.org

Mail: NATCA Membership Department

1325 Massachusetts Avenue NW
Washington, DC 20005

Welcome to the National Air Traffic Controllers Association! As a valued member, you will be sent a complete membership package. We are proud to represent you and look forward to a long and prosperous working relationship.

Please check one:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> FAA Controller (0061) | <input type="checkbox"/> Automation Specialists (0052) | <input type="checkbox"/> FAA Engineer (0062) | <input type="checkbox"/> NOTAM (1545) |
| <input type="checkbox"/> AFN (5959) | <input type="checkbox"/> Aviation Technical Systems Specialist (3832) | <input type="checkbox"/> FCT Controller | <input type="checkbox"/> Regional Counsel (0058) |
| <input type="checkbox"/> Aircraft Certification AIR (0145) | <input type="checkbox"/> DOD Controller | <input type="checkbox"/> Flight Procedures (5918) | <input type="checkbox"/> Staff Specialist (0049) |
| <input type="checkbox"/> Aircraft Certification AIR-110 (5902) | <input type="checkbox"/> Drug Abatement (0125) | <input type="checkbox"/> FSS/ Alaska (0064) | <input type="checkbox"/> TMC (0053) |
| <input type="checkbox"/> Airports (0091) | | | |

Print legibly

PERSONAL INFORMATION

NAME		DATE OF BIRTH
MAILING ADDRESS		
City	State	Zip Code (preferably full 9-digit) _____ - _____
E-MAIL (<u>Do not use faa.gov email addresses</u>)		CELL PHONE NUMBER

FACILITY REPRESENTATIVE CERTIFICATION

Please check <input checked="" type="checkbox"/> one: <input type="checkbox"/> Sixty (60) day entry from staff/supervisor position <input type="checkbox"/> Three (3) month entry in a NATCA Bargaining Unit <input type="checkbox"/> Initiation fee paid to Local \$ _____ <input type="checkbox"/> Other: _____	FACILITY (FAA 3-letter identifier)	REGION
	Enclosed <input checked="" type="checkbox"/>: <input type="checkbox"/> 1187 <input type="checkbox"/> Direct Billing Dues <input type="checkbox"/> Dues Assessment (Private Controllers only)	

FACILITY REPRESENTATIVE SIGNATURE

SIGN HERE: _____ TITLE: _____

I hereby certify that this applicant has either entered into the bargaining unit within the specified time period to waive the initiation fee or has paid the initiation fee to the local.

NEW MEMBER SIGNATURE

SIGN HERE: _____ DATE: _____

I hereby apply for membership in the NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION. In doing so, I promise to faithfully obey the Constitution and By-laws of the Association. NOTICE: Signing of this membership application obligates the member for annual dues, payable either by direct billing or automatic dues check-off, for each year from date of application that the membership is active. If the member chooses the direct billing option, the member must provide a sixty (60) day written notice if said member wishes to have membership terminated.

** FOR NATIONAL OFFICE USE ONLY **

DATE RECEIVED	DATE ENTERED	INITIALS
---------------	--------------	----------