

PACIFIC NORTHWEST AERIAL APPLICATORS ALLIANCE

2011 RECERTIFICATION REGISTRATION AND 2012 MEMBERSHIP APPLICATION

Membership Information

First Name _____ MI _____ Last Name _____
 Title/Position _____ Spouse Name _____
 Company Name _____
 Address _____
 City, State _____ Zip Code _____
 Business Phone _____ Email _____

REGISTRATION

Member	\$205.00	Late	\$285.00	\$ _____
Non Member	\$410.00	Late	\$490.00	\$ _____
Extra Banquet Ticket (Monday night)		Each	\$ 37.00	\$ _____
Extra Luncheon Ticket (Tuesday)		Each	\$ 25.00	\$ _____
Total Registration				\$ _____

Late 10-10-11

Membership Categories

To make the process easy, you can now pay for your PNW, State and National Membership all at one time. Please select each box that you would like to pay for on this form.

PNWAAA

Operator	<input type="checkbox"/>	\$150
Pilot	<input type="checkbox"/>	\$75
Allied	<input type="checkbox"/>	\$150
Associate	<input type="checkbox"/>	\$50

NAAA (must belong to State/PNW association)

Operator	<input type="checkbox"/>	\$450
Pilot	<input type="checkbox"/>	\$170

Oregon

Operator	<input type="checkbox"/>	\$100
Pilot	<input type="checkbox"/>	\$50

Washington

Operator	<input type="checkbox"/>	\$100
Pilot	<input type="checkbox"/>	\$50
Allied	<input type="checkbox"/>	\$75
Associate	<input type="checkbox"/>	\$25

Idaho

Operator	<input type="checkbox"/>	\$100
Pilot	<input type="checkbox"/>	\$50
Allied	<input type="checkbox"/>	\$100
Associate	<input type="checkbox"/>	\$50

Total Membership \$ _____

Payment Method

Total Enclosed (registration & membership) \$ _____

Check Enclosed # _____ or Credit Card (VISA, MC, AMEX) _____

Card Number _____ Exp. Date _____

Billing Address _____ City _____ State _____ Zip Code _____

Signature _____ Name on Card _____

Please Return by 10/10/11 to avoid any late fees.

Return to:
PNWAAA
 909 K Street SW
 Quincy WA 98848

You may also fax to 509-787-6209 **** If you have any questions please call me at 509-989-90 ONE PERSON/FORM**