

# PACIFIC NORTHWEST AERIAL APPLICATORS ALLIANCE

## 2014 RECERTIFICATION REGISTRATION AND

## 2015 MEMBERSHIP APPLICATION

pnwaaa.org~info@pnwaaa.org ~fax 509-787-6209 ~office 509-989-9098

### Member 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	\$ _____
<b>FALLEN PILOT FUND RAISER CRUISE (Sunday)</b>		Each	\$20.00	\$ _____

TOTAL REGISTRATION\*\*\*\*\* \$ \_\_\_\_\_

### 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 (must pay to attend convention)

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

#### Oregon

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

#### NAAA (must belong to State/PNW association)

Operator	<input type="checkbox"/>	\$500, plus \$100 per aircraft for every aircraft over one\$ _____
Pilot	<input type="checkbox"/>	\$200

#### Washington

Operator	<input type="checkbox"/>	\$250
Pilot	<input type="checkbox"/>	\$150
Allied	<input type="checkbox"/>	\$100
Associate	<input type="checkbox"/>	\$50

#### 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 FOR REGISTRATION & MEMBERSHIP \$ \$ \_\_\_\_\_

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

CARD # \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

Signature \_\_\_\_\_ Name on Card \_\_\_\_\_

**Please Return by 10/01/14 to avoid any late fees.**

Return to: **PNWAAA**  
 909 K Street SW  
 Quincy WA 98848  
 \*\*\*\* ONE PERSON PER FORM\*\*\*\*