



## 2019 Membership Application

**\* IMPORTANT TO NOTE:** Completed application form and payment are required before presentation to Board of Directors. Contact information only will be placed in AGTA Member Directory.

**Company or Airport** \_\_\_\_\_

**Web site** \_\_\_\_\_ **Airport Code:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

### Company/Airport Description (Required):

\* **AIRPORT** (Most recent annual enplanement): \_\_\_\_\_

\* **ASSOCIATE** (Airport parking/Courtesy operations; TNCs; Other landside-affiliated company operations)

Services your company provides: \_\_\_\_\_

Describe: On-Airport Parking Operations \_\_\_\_ (Y/N) Off-Airport Parking Operations \_\_\_\_ (Y/N)

Number and type(s) of vehicles operating (if any): \_\_\_\_\_

Other airport relationship: \_\_\_\_\_

\* **OPERATOR** (Provider of traditional for-hire ground transportation service):

Vendors Utilized: Vehicles \_\_\_\_\_ Insurance \_\_\_\_\_

Taxi Cabs \_\_\_\_\_ % of operations \_\_\_\_\_

Shared Ride Vans \_\_\_\_\_ % of operations \_\_\_\_\_

SUVs/Sedans/Black Cars \_\_\_\_\_ % of operations \_\_\_\_\_

Limos/regular & stretch \_\_\_\_\_ % of operations \_\_\_\_\_

Motorcoach - scheduled \_\_\_\_\_ % of operations \_\_\_\_\_

Other (Describe) \_\_\_\_\_

\* **ALLIED** (Vendors) - Describe your products and/or services for airports or airport ground transportation:  
\_\_\_\_\_  
\_\_\_\_\_

### \* Primary AGTA Contact (required)

Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### \* Secondary AGTA Contact (HIGHLY recommended)

Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **2019 Calendar Year Annual Dues** --- **\$500 PER COMPANY/AIRPORT** (2 contacts/membership)

Additional representatives can be designated with attached contact information plus \$50 per addition.

**PAYMENT OPTIONS:** 1) Log in using your member email address at <http://www.agtaweb.org>

2) Fax to 314-667-3850

3) Mail to AGTA, 1538 Powell Rd., Powell OH 43065.

4) ACH electronic payment (314-753-3432 for routing & account numbers)

**Credit Card** (Please check type): \_\_\_\_\_ **Visa** \_\_\_\_\_ **MasterCard** \_\_\_\_\_ **American Express** **AMOUNT \$** \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CID: \_\_\_\_\_

Name as appears on credit card \_\_\_\_\_ Zip/Postal Code for card \_\_\_\_\_