



2020 Membership Renewal and Update

(Due and payable upon receipt - Delinquent February 15, 2020)

*** IMPORTANT TO NOTE:** When you log in at <http://www.agtaweb.org> to renew your membership, follow the **Manage My Profile** link to bring your company contact information current. Inactive (previous members) who wish to renew their membership this year should complete this renewal form and scan or fax to admin@agtaweb.org and it will be processed from our office.

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):

Your vendors: Vehicle make(s) _____ Insurance Provider _____

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

Full Name: _____ Full Name: _____

Title: _____ Title: _____

E-Mail Address: _____ E-Mail Address: _____

Phone: _____ Phone: _____

2020 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 _____