

MEMBERSHIP FORM

— 2026 MEMBERSHIP APPLICATION DATA



APPLICANT INFORMATION

Company or Airport Name:

Mailing Address:

Website Address:

Airport Code (if airport):

Who referred you to AGTA, or how did you learn about AGTA?

MEMBERSHIP SELECTION

Select the appropriate category for your airport or company.

Membership Type:

Airport

Vendor

Ground Transportation Provider / Operator

APPLICANT DESCRIPTION

Complete the information below for the membership type you selected.

AIRPORT

Most recent annual enrollment:

VENDOR

Describe your products and/or services for airports or airport ground transportation:

OPERATOR

Traditional for-hire ground transportation service:

Taxis

Shared-ride vans

Buses

Black cars/limos

Airport Parking / Courtesy Shuttle Operations

On-airport parking shuttle

Off-airport parking shuttle

Rental car shuttle

TNC - Transportation Network Company

Other Airport Transportation (Describe):

CONTACTS FOR MEMBERSHIP ACCOUNT

Each membership includes two names on the membership account. Include the information below for primary and secondary contacts. (At least one name is required, but two are recommended.)

PRIMARY CONTACT

Full Name:

Position Title:

Email Address:

Phone Number:

SECONDARY CONTACT

Full Name:

Position Title:

Email Address:

Phone Number:

2026 Calendar Year Annual Dues - \$550 per company/airport (includes 2 contacts per membership)

Additional representatives can be designated for \$100 per additional person.

Submit your completed application to: admin@agtaweb.org.

THANK YOU FOR YOUR APPLICATION.