



2010 MEMBERSHIP APPLICATION January 1 – December 31, 2010

The undersigned hereby applies for membership in the Canadian Aerial Applicator's Association

Date: _____ New Application _____ OR Renewal _____

Name of Individual / Company: _____

Representatives: _____
(Corporate and Allied members may appoint 2 representatives)

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Business # (____) _____ Fax # (____) _____

Cellular #: (Optional) (____) _____ Resident #: (____) _____

Email address: _____

Website Link: (if you are interested in having a link to your website added to the CAAA website, please provide us with your web address): www._____

MEMBERSHIP CLASSIFICATION DEFINITION

Individual Membership - Any individual who has an interest in aerial application and does not operate an aviation business or own an aircraft.



Corporate Membership - An individual, who operates an agricultural/forestry aviation business.

Allied Membership - Industrial organizations and firms not engaged in aerial application but closely allied to the aviation industry, such as, but not necessarily limited to aircraft manufacturers, aircraft engine manufacturers, systems suppliers, fuel companies, crop product manufacturers, insurance underwriters, and other industries, which serve the agricultural aviation industry.

2010 Fee Table

Check Type <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Membership Type	Description	FEE	GST	TOTAL
<input type="checkbox"/>	Individual	N/A	\$ 150.00	\$ 7.50	\$ 157.50
<input type="checkbox"/>	Corporate	1 aircraft	\$ 630.00	\$ 31.50	\$ 661.50
<input type="checkbox"/>		2 aircrafts	\$ 945.00	\$ 47.25	\$ 992.25
<input type="checkbox"/>		3 or more aircrafts	\$ 1,260.00	\$ 63.00	\$ 1,323.00
<input type="checkbox"/>	Allied	1 – 10 Employee(s)	\$ 600.00	\$ 30.00	\$ 630.00
<input type="checkbox"/>		11 + Employees	\$ 1,000.00	\$ 50.00	\$ 1,050.00

Membership Fee of \$ _____ enclosed. (BIN #125441261)

PAYMENT BY   (Check One) OR
 Fax **both** sides of form to 780-413-0076
 Card # _____
 Expiry Date: _____
 Name on Card: _____
 Signature: _____

PAYMENT BY CHEQUE:
 Return form and payment to:
 CAAA
 P.O. Box 21085
 Edmonton, AB T6R 2V4
 (PLEASE SEE OVER....)

2010 MEMBERSHIP DIRECTORY INFORMATION FORM

Please complete ONE directory information form for each membership representative:

Company Name: _____

Members Name: _____ Spouse: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Location Co-ordinates: _____

Business #: (____) _____ Fax #: (____) _____ Resident #: (____) _____

Cell #: (____) _____ Email: _____

Website Address: _____

Pilot License Type: _____ License Number: _____

Please check one: Flying Farmer _____ OR Commercial Operator _____

How far will you travel to perform services _____

Aircraft Type _____ Aircraft Model _____ Call Letters _____ Year _____

Please check services that you offer:

- Agricultural Herbicides
- Agricultural Insecticides
- Agricultural Seeding/Spreading
- Forestry Herbicides
- Forestry Insecticides
- Forestry Seeding/Spraying
- Training Facilities
- Parts Dealer
- Agricultural Fungicides
- GPS Equipped
- Ground Application
- Agronomist

- Retail Pesticide Dealer
- Charter Service
- Aircraft Storage
- Fuel Sales
- GPS Sales
- AMO
- Flight Instruction
- Bird Dog
- Fire Bombing
- Fire Detection
- Aircraft Sales
- Insurance Broker

- GPS Manufacturer
- Aviation Oil
- Pesticide Manufacturer
- Aviation Insurance Adjuster
- Aerial Application
- Aerial Photography
- Aircraft Engine
- Repair/Overhaul
- Aircraft Service – Misc.
- Aircraft Maintenance
- Consulting Services

CPI Warehouse (if applicable): _____

If the above information is not provided, your membership directory listing will contain only the information from the front of this form. Completed forms must be received by February 28, 2010 to be included in the directory.

FAIR INFORMATION POLICY

Pursuant to the Fair Information Policy ensuring confidentiality of information, I understand that my application will be kept confidential, excepting only necessary public information limited to my name, years of membership in the association, business address, business communications numbers and email address. I further understand by signing this form I have agreed to have my information published in the CAAA directory and on the CAAA website.

Signature _____

THE BENEFITS OF A CAAA MEMBERSHIP:

1. Advocacy to government and monitoring changes in regulations impacting aerial application in Canada.
2. Calibration and Patternization (CAP) Clinics.
3. National Hull Insurance Program.
4. Annual Planner Calendar outlining important events & deadlines throughout the year.
5. Current information on the aerial application industry and association updates provided in newsletters.
6. Annual Membership Directory industry-wide distribution.
7. Approved Overweight Exemptions, Maintenance Control Manuals and Operations Manual.
8. Education forums during the Annual General Meeting and Trade Show, to provide continuing education on new product development, research, governmental regulation and industry trends.
9. Increased public awareness with brochures, slide show, trade show and Ag in the Classroom.
10. Guidelines for members and improved public perception through a Code of Ethics