



MEMBERSHIP APPLICATION

Please return by fax (202) 628-9558 or mail to: Membership Department
 1325 Massachusetts Ave. N.W.
 Washington, DC 20005

Welcome to the National Air Traffic Controllers Association. As a valued member, you will receive a complete membership package upon completion of this form. We are proud to represent our members. We look forward to a long and prosperous working relationship.

Please check one:

- | | | | |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> FAA Controller | <input type="checkbox"/> Airports | <input type="checkbox"/> DOD Controller | <input type="checkbox"/> NOTAM |
| <input type="checkbox"/> ABA | <input type="checkbox"/> AOS Engineer | <input type="checkbox"/> Drug Abatement | <input type="checkbox"/> Regional Counsel |
| <input type="checkbox"/> Aerospace Medicine | <input type="checkbox"/> ARC | <input type="checkbox"/> FAA Engineer | <input type="checkbox"/> Staff Specialist |
| <input type="checkbox"/> Aircraft Certification | <input type="checkbox"/> Automators | <input type="checkbox"/> FCT Controller | <input type="checkbox"/> TMC |
| | <input type="checkbox"/> AVN | <input type="checkbox"/> FSS (Alaska) | |

Print legibly

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER	GS/FAS GRADE or HOURLY WAGE	FACILITY/DIVISION <i>(FAA 3-letter Identifier)</i>	REGION
NAME			DATE OF BIRTH
MAILING ADDRESS <i>(Street Number, City, State and Zip Code)</i>			
E-MAIL <i>(do not use faa.gov email addresses)</i>		EFFECTIVE DATE OF EMPLOYMENT <i>(FAA EOD Date for FAA Employees)</i>	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	

FACILITY/DIVISION REPRESENTATIVE CERTIFICATION	FOR NATIONAL OFFICE USE ONLY	
Please check <input checked="" type="checkbox"/> one: <input type="checkbox"/> Sixty (60 day entry from staff/supervisor position) <input type="checkbox"/> Three (3) month-entry from the FAA Academy <input type="checkbox"/> Initiation Fee Paid to Local \$ _____ <input type="checkbox"/> Other: _____	DATE ENTERED	INITIALS
	Enclosed: <input type="checkbox"/> 1187 <input type="checkbox"/> Direct Billing Dues <input type="checkbox"/> Dues Assessment (Private Controllers only)	

FACILITY/DIVISION REPRESENTATIVE SIGNATURE

SIGN HERE: _____ TITLE: _____
 I hereby certify that this applicant has either entered into the bargaining unit within the specified time period to waive the initiation fee or that applicant has paid the required amount of initiation fee to the local.

NEW MEMBER SIGNATURE

SIGN HERE: _____ DATE: _____

I hereby apply for membership in the NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION. In doing so, I promise to faithfully obey the Constitution and By-laws of the Association. NOTICE: Signing of above membership application obligates the member for annual dues, payable either by direct billing or automatic dues check-off, for each year from date of application that the membership is active. If the member chooses the direct billing option, the member must provide a sixty (60) day written notice if said member wishes to have membership terminated.