



PART I. – Individual Member Details

Name:					
Title:					
Phone:		Extension:			
Mobile Telephone:		<input type="checkbox"/>	Opt in to Receive Text Messages		
Email Address:		<input type="checkbox"/>	Opt-in to Receive Email Messages		
Mailing Address:					
City:		State:		Zip Code:	

PART II. – Company Affiliation

Company Name:					
Mailing Address:					
City:		State:		Zip Code:	
Main Telephone Number:					
Website Address:					

Representing Category:

- | | |
|---|--|
| <input type="checkbox"/> Airline | <input type="checkbox"/> Freight Forwarder |
| <input type="checkbox"/> Airline GSA | <input type="checkbox"/> Customs Broker |
| <input type="checkbox"/> Airport Ground Handling | <input type="checkbox"/> Trucking Services |
| <input type="checkbox"/> Airport or Government Agency | <input type="checkbox"/> Industry Related Software Sales/Service |
| <input type="checkbox"/> Press | <input type="checkbox"/> Student |
| <input type="checkbox"/> Industry Related Association | <input type="checkbox"/> Other: _____ |