



RTCA, Inc.
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RTCA MEMBERSHIP APPLICATION

Name of Organization: _____

Organization's Web Address: _____ Home Office Location: United States International

Primary Representative	Alternate Representative
Name:	Name:
Title:	Title:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

Statement of organization's aviation-related activities:

RTCA Dues Structure

Category	Dues Amount
<input type="checkbox"/> Less than \$1 million USD gross revenue	\$ 600.00
<input type="checkbox"/> ≥\$1 million < \$10 million USD gross revenue	\$2,200.00
<input type="checkbox"/> ≥\$10 million < \$100 million USD gross revenue	\$3,000.00
<input type="checkbox"/> ≥\$100 million < \$500 million USD gross revenue	\$4,500.00
<input type="checkbox"/> ≥\$500 million < \$1 Billion USD gross revenue	\$10,000.00
<input type="checkbox"/> ≥ \$1 billion USD gross revenue	\$12,500.00
<input type="checkbox"/> Academic Institutions	\$1,200.00
<input type="checkbox"/> International Government Associates	\$2,200.00

Payment Options

Check: \$_____ enclosed. Please make checks payable to RTCA, Inc.

Credit Card: MasterCard, Visa or American Express

Card Number _____ Exp. Date _____

CIN # _____ (3 or 4 digit security code from your card)

Signature _____

Name on Card _____

Wire Transfer: Please contact membership@rtca.org for information regarding payment by wire transfer.