



MEMBERSHIP APPLICATION

Please return by fax (202-380-9118) or mail to: NATCA Membership Department
 1325 Massachusetts Avenue, N.W.
 Washington, DC 20005

Welcome to the National Air Traffic Controllers Association! As a valued member, you will be sent a complete membership package. We are proud to represent you and look forward to a long and prosperous working relationship.

Please check one:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> FAA Controller (0061) | <input type="checkbox"/> Airports (0091) | <input type="checkbox"/> Drug Abatement (0125) | <input type="checkbox"/> FSS/ Alaska (0064) |
| <input type="checkbox"/> ABA/ Finance (0063) | <input type="checkbox"/> ARC (0068) | <input type="checkbox"/> FAA Engineer (0062) | <input type="checkbox"/> NOTAM (1545) |
| <input type="checkbox"/> Aerospace Medicine (0185) | <input type="checkbox"/> Automation Specialists (0052) | <input type="checkbox"/> FCT Controller | <input type="checkbox"/> Regional Counsel (0058) |
| <input type="checkbox"/> Aircraft Certification AIR (0145) | <input type="checkbox"/> Aviation Technical Systems Specialist (3832) | <input type="checkbox"/> Flight Procedures (5918) | <input type="checkbox"/> Staff Specialist (0049) |
| <input type="checkbox"/> Aircraft Certification AIR-110 (5902) | <input type="checkbox"/> DOD Controller | | <input type="checkbox"/> TMC (0053) |

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 one:

- Sixty (60) day entry from staff/supervisor position
- Three (3) month entry from the FAA Academy
- Initiation fee paid to Local \$_____
- Other: _____

DATE ENTERED

INITIALS

- Enclosed: 1187
- Direct Billing Dues
- 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 has paid the 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 this 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.