



MEMBERSHIP APPLICATION

Please return by fax (202) 628-5767 or mail to: NATCA 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: FAA Controller DOD Controller Private Controller FAA Engineer
 AOS Support Logistics, Finance, IRM ABA AOS Engineer TMC
 AVN Airports Aircraft Certification Nurses

PERSONAL INFORMATION			
SOCIAL SECURITY NUMBER	GS/FAS GRADE OR HOURLY WAGE	FACILITY/DIVISION (FAA IDENTIFIER)	REGION
NAME		STREET ADDRESS	
E-MAIL			
CITY	STATE	ZIP CODE	DATE OF BIRTH
HOME PHONE NUMBER	WORK PHONE	EFFECTIVE DATE OF EMPLOYMENT (FAA EOD Date for FAA Employees)	

FACILITY/DIVISION REPRESENTATIVE CERTIFICATION	FOR NATIONAL HEADQUARTERS USE ONLY	
Please check one: <input type="checkbox"/> Sixty (60 day entry from staff/supervisor position) <input type="checkbox"/> Six (6) month-entry from the FAA Academy <input type="checkbox"/> Amount of Initiation Fee Paid to Local \$ _____	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.