



ASSOCIATE MEMBER APPLICATION/RENEWAL

*Associate: Any corporation, government agency or other entity that **supplies goods or services to the Canadian helicopter industry**, but that does not hold an Air Operator Certificate issued pursuant to Part VII of the Canadian Aviation Regulations, satisfied the requirements for admission and has paid the dues established by the Board.*

Please view the link below to determine the Applicable Application Form Categories - http://www.h-a-c.ca/Members_Rights_Responsibilities.pdf

Company Name: _____

Primary Product/Service: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Phone: _____ E-mail: _____

Web: _____

HAC Primary Contact Representative: _____

Title of Primary Contact Representative: _____ Date: _____

Signature of Primary Contact Representative: _____

Accounting Department (email & telephone #): _____

Additional Representatives

1) Name: _____ Title: _____

Telephone: _____ E-mail: _____

2) Name: _____ Title: _____

Telephone: _____ E-mail: _____

HAC Bulletins and event notices are emailed to Member Representatives and personnel on the member database. To ensure proper delivery. Please be sure to add chanel.barnes@h-a-c.ca to your list of accepted e-mail addresses.



ASSOCIATE DUES

Fiscal Year September 1 – August 31st

Please select or highlight your organizations gross annual income from the Canadian Helicopter Industry:

Under \$999, 999	\$662.00 _____
\$1,000,000 to \$4,999,999.....	\$1,192.00 _____
\$5,000,000 to \$9,999,999.....	\$1,990.00 _____
\$10,000,000 & Over.....	\$3,320.00 _____

Please add applicable tax based on your region (not applicable for companies outside of Canada) *

GST @ _____ %

HST @ _____ %

QST @ _____ %

HST #: 878769199 QST#:1088231313

TOTAL ANNUAL DUES CAD \$ _____

Please submit application to chanel.barnes@h-a-c.ca
Your application will be reviewed, and an invoice issued.
PLEASE DO NOT EMAIL OR FAX CREDIT CARD DETAILS

Bringing the Industry Together
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