



OPERATOR MEMBER APPLICATION/RENEWAL

OPERATOR: Any holder of a foreign commercial Helicopter Operating Certificate or **any foreign commercial, private, or business aviation helicopter air operator** who has 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

HAC By-Laws - http://www.h-a-c.ca/HAC_Bylaws.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.

