



Medallion Foundation, Inc. Membership Dues 2009

5520 Lake Otis Parkway, Suite 104
Anchorage, AK 99507
907-743-8050 / 907-743-8051

Step 1: Describe your Organization

Company Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Medallion Main Point of Contact (your company contact person) _____	
Star Program assign to: _____	
Title: _____	Email: _____
Phone: _____	Fax: _____

Please list key personnel to be included for Medallion Program Points of Contact (MPOC): If address and / or phone are different for the Main point of Contact, please include that information below. If there are no changes please write NA.

Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Star Program assign to: _____	Star Program assign to: _____

Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Star Program assign to: _____	Star Program assign to: _____

Membership Application cont...

Step 2: Determine your Membership Category

Check Primary Category Please check all that apply	Annual Dues for 2009			
	Please check the appropriate box			
	Yearly Gross Revenues	Annual Payment	Bi Annual	Quarter
<input type="checkbox"/> Pt 91.....	\$0 - \$250,000	\$250.	\$125.	\$62.50
<input type="checkbox"/> Pt 135, Single Pilot Operator	\$250,000 – \$5000, 000	\$250.	\$125.	\$62.50
<input type="checkbox"/> Pt 135 On Demand	\$5000, 000 - \$1mil	\$500.	\$250.	\$125.
<input type="checkbox"/> Pt 135, Commuter	\$1mil - \$3mil	\$850.	\$425.	\$235.
<input type="checkbox"/> Helicopter Operation	\$3mil - \$6mil	\$1250.	\$625.	\$345.
<input type="checkbox"/> Corporate Operation.....	\$6mil - \$10mil	\$1650.	\$825.	\$460.
<input type="checkbox"/> Pt 121, Airlines.....	\$10mil – and above	\$2000.	\$1000.	\$550.
<input type="checkbox"/> Pt 145, Repair Station.....	\$10mil and above	\$3000.	\$1500.	\$835.

Step 3: To calculate dues for Star holders apply: **5% discount for each star the company holds.** **A total of 35% discount can be applied to all Shield carriers**

To pay by Credit Card / Fax # to 907-743-8051 or call 907-743-8050

MC Visa Amex Amount to be charge to card: \$ _____

Account Number _____

Expiration Date: _____

Zip Code of the credit card billing address _____

Please make checks payable to the: **Medallion Foundation, Inc**

If you would like your annual dues statements billed to someone other than your MPOC please list that information below:

Attn: _____ Title: _____

Address _____

City _____ State: _____ Zip: _____

By signing below, I certify that all information contained herein is accurate and complete:

Printed name: _____ Title _____

Signature _____ Date: _____