



Medallion Foundation, Inc. Membership Dues 2012

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

Company Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Medallion Main Point of Contact (your company contact person) _____

Title: _____ Email: _____

Phone: _____ Fax: _____

Indicate applicable Category

****New Applicants will be pro-rated by quarter from the date of enrollment.**

| Please check only one | Annual Gross Revenue | Amount due: |
|---|--------------------------------|--------------------|
| <input type="checkbox"/> Pt 135 Single Pilot Operations | \$1 - \$250,000..... | \$500 |
| <input type="checkbox"/> Pt 135 Single Pilot Operations | \$250,000 - \$500,000..... | \$850 |
| <input type="checkbox"/> Pt 135 On Demand | \$500,000 - \$1 million..... | \$1,250 |
| <input type="checkbox"/> Pt 135 Commuter | \$1 million - \$3 million..... | \$1,650 |
| <input type="checkbox"/> Helicopter Operations | \$3 million - \$6 million.... | \$2,000 |
| <input type="checkbox"/> Corporate Operations | \$6 million - \$10 million.. | \$2,500 |
| <input type="checkbox"/> Pt 121 - Airlines | \$10 million and above... | \$3,000 |

Stars & Shield Discount: To calculate dues multiply the numbers of Stars held by 5% and subtract from total amount due; subtract a total of 35% for Shield carriers.

No mid-year discounts will be given for Stars earned within the membership year.

Additional discounts may be offered to Star/Shield Carriers for classes.

Note: Dues paid in full entitle the carrier to training credits equal to the amount paid for the calendar year. No discounts or credits for training unless due are paid in full. Unused training credits may not be carried over in to the next year.

No Discounts for TapRoot® training due to licensing agreement.

Annual Membership dues are due by the 30th of January 2012.

MC Visa Amex Total Due: \$ _____ Expiration Date: _____

Account Number _____

Zip Code of the credit card billing address _____

Printed name: _____ Title: _____

Signature: _____ Date: _____

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