



AIRPORT GROUND TRANSPORTATION ASSOCIATION, INC.

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AIRPORT NAME _____ AIRPORT CODE _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE _____ FAX NO. _____

E-MAIL ADDRESS _____ WEBSITE _____

* PRIMARY REPRESENTATIVE _____ TITLE _____
 (Address & telephone if different than above) _____

SECONDARY REPRESENTATIVE _____ TITLE _____
 (Address & telephone if different than above) _____

HOW did you learn about AGTA? _____

Two representatives of the airport may be designated under this airport membership. The designated *PRIMARY REPRESENTATIVE* will receive future invoices on behalf of this airport membership. The primary and secondary representatives will be on the AGTA database representing the airport; however, as many airport representatives as desired may be sent to AGTA functions at the member rate. *In the case of multiple airports under one authority, please include a separate listing for EACH airport as well as a contact person, address, and telephone and fax number.*

Airports are requested to submit with their application a copy of their most recent contract agreement for landside operations. This contract will become part of the data library maintained at the AGTA offices. Additionally, please indicate your most recent data on the number of annual enplaning passengers at your airport at the time of application _____.

MEMBERSHIP DUES OF \$400 OR THE EQUIVALENT ON U.S. BANK CHECK or CREDIT CARD ARE RENEWABLE EACH CALENDAR YEAR AND SHOULD ACCOMPANY THIS APPLICATION.
 (Visa, MasterCard or American Express accepted) * Membership subject to approval by Board of Directors.

_____ \$ _____
 Credit Card Number (if paying by credit card) Exp. Date Type of Card Amount

_____ _____
 Printed name as it appears on the card Signature of cardholder