



2024 ANNUAL MEMBERSHIP APPLICATION

*First Name _____ *Last Name _____

*Title _____ *Airport/Company _____

*Address _____

*City _____ * State _____ *Zip Code _____

*E-Mail Address _____

*Work Phone# _____ Cell# _____

Membership Type (Check Membership Type)

Part 139 Airport – Initial Membership	\$400 { }
Part139 Airport – Additional Membership	\$175 { }
Affiliate - Initial Membership	\$400 { }
Affiliate – Additional Membership	\$175 { }
GA Airport Membership	\$155 { }
Honorary/Student Membership	\$ 0 { }
*TOTAL AMOUNT PAID	_____

If registering more than one person, please include Name and Title/Position for **each** person.

Online registration and payment can be found at www.oama.org/events

Make Checks **Payable to Oregon Airport Management Association** and mail to:

OAMA
c/o Kate Schwarzler
154 S Main Street
Independence, OR 97351

*Indicates required information

TIN (Taxpayer ID#): 35-2327031