

AVIATION DISTRIBUTORS AND MANUFACTURERS ASSOCIATION PO Box 3948

Parker, CO 80134 p. 720-249-0999 f. 720-496-4974

> w. www.adma.org e. info@adma.org

GUEST DELEGATE APPLICATION

Thank you for your interest in the ADMA. The Guest delegate program allows a pre-qualified company to attend the ADMA annual meeting before deciding to Join ADMA. Please fill out the below application.

	Rules and Limitations for an ADMA GUEST DELEGATE (Please Initial)
•	Guest Delegate MUST be sponsored by an ADMA Member.
	Name of Sponsor:
•	Guest Delegate must meet the ADMA membership requirements.
	 Distributor Delegate: Must have been in the business of wholesale distribution of aviation product lines for a minimum of three years & must have at least one full time salesperson. Distributor Delegate: Must purchase at least five aviation product lines under formal distribution agreements.
	 Manufacturer Delegate: Designs and/or operates a factory in the manufacture/remanufacture or assembly of aviation equipment or other products or materials related to the operation, maintenance o modification of aircraft.
•	Guest Delegate is limited to FOUR meetings with ADMA member companies that Guest delegate has a CURRENT manufacturer/distributor relationship with. Meetings times for Guest Delegates are selected AFTER all ADMA member companies meetings have been scheduled. • Guest Delegates are encouraged to attend all networking and social activities at the conference. Guest
	Delegates are invited to the first timer's reception at the beginning of the conference.
<u> </u>	Guest Delegate(s) MUST book their hotel rooms in the ADMA hotel block.
the ADMA managem company can deduct approval.) If the gues	company will have the option to formally join ADMA provided their FULL application is received by ent office within 30 days of the end of the meeting. If approved by the board, the guest delegate ONE meeting registration fee from their first annual dues payment. (Due within 30 days of st delegate company does not join ADMA after attending, they will not be eligible to attend future out becoming an ADMA member.
Distributor Member -	- Please list below at least FIVE companies that you have formal distribution agreements with:
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3	
5	
6	
7	
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Name of Company:			
Date:	Telephone Number:		
Signature:	Email Address:		
· 			
President:	Vice Presi	dent:	
Secretary:	Treasurer		
Secretary:	General N	Manager	
Partners:			
Others (with titles):			
	Corporation Pa	rtnership Other	
If your company is a sinformation:	separate division or subsidiary of a co	ompany or corporation, please provide the follow	wing
Name of company:			
Address of company:			
Certification: I certify	that the above information is correct		
Signature:	Title:	Date:	