



**AVIATION DISTRIBUTORS AND MANUFACTURERS ASSOCIATION**

100 N. 20<sup>th</sup> STREET 4<sup>th</sup> Floor  
PHILADELPHIA, PA 19103  
(215) 564-3484  
FAX (215) 963-9784

**APPLICATION FOR MEMBERSHIP IN THE MANUFACTURERS DIVISION**

The undersigned, being engaged in the business of manufacturing or assembling of aviation parts, equipment and supplies, hereby applies for Active Membership in the Manufacturers Division of the Aviation Distributors and Manufacturers Association and agrees to subscribe to its Constitution and By-Laws.

Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ FAX Number: \_\_\_\_\_

I understand that by providing the fax number(s) above, on behalf of the company/organization specified above, I am authorized to and hereby consent for the company/organization to receive faxes sent by or on behalf of the AVIATION DISTRIBUTORS AND MANUFACTURERS ASSOCIATION.

President: \_\_\_\_\_ Partners: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_ Others (with titles): \_\_\_\_\_

Treasurer: \_\_\_\_\_

General Manager: \_\_\_\_\_

Corporation

Partnership

Other

Do you operate a factory for the manufacture, re-manufacture or assembly of aviation parts, accessories, supplies, equipment or other products or materials essential to the operation and maintenance of aircraft?

Yes  No

\*Do you now market, or plan within twelve (12) months to market, your aviation products through wholesale distributors?

Yes  No

List names and locations of your primary wholesale distributors:

Name of Distributor

Location

Name of Distributor	Location
_____	_____
_____	_____
_____	_____
_____	_____

Do your current assets exceed your current liabilities?  Yes  No

What annual percentage of aftermarket sales of aviation parts, supplies and accessories is to wholesale distributors?

\_\_\_\_\_ %

*\*If you currently do NOT market through distributors, please submit a statement of your "intent or plan" to market through distribution.*

List Principal Aviation Products Which Your Company Produces

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How many years has your company been in business? \_\_\_\_\_

How many years has your company manufactured aircraft parts, accessories, supplies, equipment or other products or materials essential to the operation and maintenance of aircraft? \_\_\_\_\_

Applicant is attaching a copy of its latest audited financial statement of verification of sales figures and other financial data by a Certified Public Accountant, as a requirement of Membership. This will be maintained in total confidence by the ADMA staff.

CERTIFICATION: I certify that the foregoing information is correct according to the minute books and the financial records, books and accounts of the applicant company.

*It is understood that the applicant must meet and continue to meet the ADMA eligibility requirements for the duration of its membership.*

Signature: \_\_\_\_\_ Firm: \_\_\_\_\_  
(Certified Public Accountant)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: If applicant company does not employ or utilize the services of an outside Certified Public Accountant, and if a letter to the effect is submitted with this application, the signature of the company treasurer or chief accounting officer will be accepted.

Company: \_\_\_\_\_

Official: \_\_\_\_\_

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**FOR ADMA USE ONLY**

Approved by Board of Directors

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Executive Director