

AICA

American Independent Cockpit Alliance
P.O. Box 220670, Saint Louis, MO 63122-0670
603-528-2552
www.aicapilot.org

DUES PAYMENT OPTIONS

Authorization For Payment Of Dues By Master Card/Visa (preferred method of payment)

I hereby authorize American Independent Cockpit Alliance to charge my Master Card/Visa account for my AICA association dues. This authorization may be revoked by me in writing at any time.

Name: _____ Card: (check one) Master Card Visa
(printed as it appears on the card)

Account #: _____ Exp Date: _____ Amount: \$ _____
(Capt \$50/mo F/O \$30/mo)

Signature: _____ Date: _____

(Your account will be charged as indicated on or before the 15th day of each month)

Dues payment by check

I will pay my dues in the amount of \$ _____ per month.
(Capt \$50/mo F/O \$30/mo)

Signature: _____ Date: _____

If using your bank's bill pay system (preferred method of check payment) or manually writing a check each month, make check payable to AICA and send payment to the address listed on this form. Payment is due on the 1st of each month.

Complete and mail this form in with your completed application form to:

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