



AIRLINE Membership Fee = \$450

VENDOR Membership Fee = \$700

[Membership is valid Jan. 1–Dec. 31 of current year]

Airline Name: _____ Company Name: _____ Application Date: _____

Free Web-link from WAEA’s Website: Yes No Website Address: www. _____

(VENDORS ONLY) TYPE OF BUSINESS - CIRCLE APPLICABLE TYPE(s):

- | | |
|---|--|
| 1. Record Company | 10. Broadcast Network |
| 2. Industry Consultant | 11. Aircraft Manufacturer |
| 3. Advertising / Media Rep. | 12. Publisher of Inflight Magazines/Entertainment Guides |
| 4. Licensing Body | 13. Short Subject Production / Distribution |
| 5. Motion Picture Production / Distribution | 14. Cabin Amenities |
| 6. Audio / Video Programmer | 15. Buyer for Airlines |
| 7. IFE Systems Manufacturer (Describe) | 16. Wireless/Communications |
| 8. A/V and Film Duplicating | 17. Interactive Content |
| 9. Aircraft Systems Installations | 18. Other (Please Specify): _____ |

Please provide a brief description of the product(s) and/or service(s) you offer*: _____

* IN ORDER TO BE CONSIDERED FOR MEMBERSHIP, PLEASE PROVIDE A FULL DESCRIPTION OF YOUR BUSINESS OR ENTITY. THIS SHOULD INCLUDE A GENERAL DESCRIPTION OF YOUR BUSINESS, THE SERVICES PROVIDED TO THE IFE INDUSTRY, COMPANY ADDRESS, TOTAL # OF EMPLOYEES AND WHEN THE BUSINESS BEGAN OR INTENDS TO BEGIN. THIS INFORMATION WILL BE KEPT CONFIDENTIAL BY THE GOVERNANCE COMMITTEE AND ONLY BE USED FOR THE SOLE PURPOSE OF DETERMINING WAEA MEMBERSHIP ELIGIBILITY. WAEA DOES NOT REQUIRE SPECIFIC INFORMATION OR DATA ON PROPRIETARY TECHNOLOGIES, BUSINESS STRATEGIES OR PRODUCT DEVELOPMENT DETAILS.

ALL FUNDS MUST BE DRAWN ON A U.S. BANK IN \$US CURRENCY

VIA CHECK

WAEA Headquarters
355 Lexington Ave, Fl 15
New York, NY 10017 USA

WIRE TRANSFER*

To obtain WAEA wire transfer information,
please contact Heather Wetzel at membership@waea.org

*All bank charges must be paid by the sender

A confirmation letter will be sent upon approval of your membership.

CREDIT CARD: AMEX MasterCard Visa **TOTAL: \$ _____ (US\$)**

Name on Card: _____

Credit Card Number: _____ Exp. Date: _____

Signature: _____

Dues, contributions or gifts to WAEA are not deductible as charitable contributions for US Federal Income Tax purposes, but may be deductible as a business expense.

World Airline Entertainment Association

355 Lexington Ave, Fl 15, New York, NY 10017 USA w +1.212.297.2177 w fax +1.212.370.9047 w membership@waea.org w www.waea.org

PLEASE TYPE OR PRINT.

Please list representatives below. If you are joining after January 1 of the current year, your company may not be listed in the current WAEA Membership Directory. Primary contacts can update contact information and add/delete employees online at www.waea.org.

PLEASE NOTIFY WAEA HEADQUARTERS IN WRITING IF THERE ARE CHANGES TO COMPANY NAME.

>> IMPORTANT: Please include country and city codes for phone & fax numbers <<

PRIMARY CONTACT

Primary Contact receives membership update forms, invoices, exhibitor application details, and can update contact information and add/delete employees online at www.waea.org.

1. Name _____ Title _____

Voting Representative? (Is this individual designated to vote on WAEA Board of Directors and other Association business?) Yes No If no, please provide voting member name and email:

Name _____ Email: _____ @ _____

Address (if PO Box given, please provide street or shipping address as well) _____

City _____ State/Province _____

Country _____ Zip/Postal code _____

Telephone _____ Fax _____

Email Address _____

Company Website/Homepage Address _____

General Company Email Address _____

2. Name _____ Title _____

Address (if PO Box given, please provide street or shipping address as well) _____

City _____ State/Province _____

Country _____ Zip/Postal code _____

Telephone _____ Fax _____

Email Address _____

3. Name _____ Title _____

Address (if PO Box given, please provide street or shipping address as well) _____

City _____ State/Province _____

Country _____ Zip/Postal code _____

Telephone _____ Fax _____

Email Address _____

4. Name _____ Title _____

Address (if PO Box given, please provide street or shipping address as well) _____

City _____ State/Province _____

Country _____ Zip/Postal code _____

Telephone _____ Fax _____

Email Address _____