

ERHC MEMBERSHIP APPLICATION



YES! Sign me up for ERHC membership as indicated below:

CATEGORY

___ Regular (Operators: \$3,000)

___ Associate (Manufacturer/Service Provider: \$500)

___ Individual (ERHC Supporter: \$35)

___ # in fleet ___ Pt 91 ___ Pt 135 ___ Public Svc ___ N/A

CONTACT

Designated Representative: _____ Title: _____

Company: _____ Phone: _____

Address: _____ Fax: _____

_____ Email: _____

Invoicing Contact Name (if different than above): _____

Title: _____ Phone: _____

Address: _____ Fax: _____

_____ Email: _____

Regular & Associate Members only: # of newsletters requested at office _____

PAYMENT

Make checks payable to “Eastern Region Helicopter Council” and send to the address below; or

Visa/MC/Amex # _____ Exp. _____ Zip: _____

Cardholder’s Name _____ Signature _____

16 Cooper Drive Howell, NJ 07731
Phone: (646) 459-4221 Fax: (646) 459-4222
admin@erhc.org www.ERHC.org

Thank you and welcome to the Eastern Region Helicopter Council!

Be sure to go to www.erhc.org to register for the member side of the website and for email blasts.