



International Business Aviation Council

GET INVOLVED IBAC OPERATOR AFFILIATE APPLICATION

APPLICANT INFORMATION

Organization Name: _____

PLEASE PRINT

Contact Person: _____

Street Address

_____/_____/_____

City

State

Country

Postal Code

Phone

Fax

Email

IBAC Member Association: _____

OPERATOR AFFILIATE ANNUAL INVESTMENT: \$5,000

PAYMENT METHOD

To Apply and Pay by Check:

Send via email to comms@ibac.org and indicate if you prefer to pay by check, or please use one of the following options:

To Pay by Bank Wire Transfer

US Dollars only, banking details are as follows (please include the transfer cost):

BANK DETAILS

Bank of Nova Scotia
437 St-Jacques Ouest / West
Montreal, Quebec, H2Y 1P4, Canada
Swift Code: NOSCCATXXX
Transit Number: 41301
Bank Number: 002
Account: 41301 0125415

CORRESPONDING BANK FOR USD WIRES (REQUIRED)

Bank of America
New York, NY
Swift Code: BOFAUS3N
ABA Number: 026009593

To Apply and Pay by Credit Card:

Fill out credit card information and email application to comms@ibac.org.

CREDIT CARD INFORMATION

Credit Card Holder Name _____

Card Number: _____ CVV Code: _____

Expiration: _____

Month

Year

Visa

Mastercard

By signing below, I certify that all information contained herein is accurate and complete.

Signature (required): _____

Print Name: _____ Date: _____

For additional information, please contact IBAC at (514) 954-8054 or by e-mail at comms@ibac.org.