



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

Member Association: _____

OPERATOR AFFILIATE ANNUAL INVESTMENT: \$5,000

PAYMENT METHOD

To Apply and Pay by Check:

Send application and check (payable to IBAC) in stamped envelope to the following address:
IBAC/Industry Partners, 999 Robert-Bourassa Boulevard, Suite 16.33, Montreal, Canada H3C 5J9

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

Outside of Canada

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 mail application to IBAC to address above or fax to (514) 954-6161.

CREDIT CARD INFORMATION

Credit Card Holder Name _____

Card Number: _____ CVW 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 getinvolved@ibac.org.