

Prospective Member Application

Tomorrow's Leader in Global Aviation Innovation

ORGANIZATION INFORMATION

| Organization: | Date: | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Address: | | | | | | | | |
| Street Address | Suite # | | | | | | | |
| <i>City</i> Phone: () Fax: () | State ZIP Code Website URL: | | | | | | | |
| Business Form: Corporation 🗌 LLC 🗌 Sole Proprie SDVOB 🔲 SB 🗌 WOSB | etorship 🗌 Other 🗌 | | | | | | | |
| CONTACTS | | | | | | | | |
| Membership Coordinator: | Job Title: | | | | | | | |
| Office #: _(Fax #: _() | Mobile #: _() | | | | | | | |
| Email Address: | | | | | | | | |
| Alternate Contact: | Job Title: | | | | | | | |
| Office #: () Fax #: () | Mobile #: _() | | | | | | | |
| Email Address: | | | | | | | | |
| MEMBERSHIP OPTIONS | | | | | | | | |
| Please select a Membership Level | Cornerstone Member (\$25,000 annually) | | | | | | | |
| | Associate Member (\$10,000 annually) | | | | | | | |
| | Member (\$5,000 annually) | | | | | | | |
| | Supporter of the Park (> \$2,500 annually) | | | | | | | |
| Do you need space in the Research Park | Yes 🗌 No | | | | | | | |
| | | | | | | | | |
| FAA CONTRACT HISTORY | | | | | | | | |
| Have you ever worked on any FAA contracts? (i.e. Servic | es, CRDA) | | | | | | | |
| If yes, explain: | | | | | | | | |
| Do you currently work on any FAA contracts? | YES NO | | | | | | | |
| If yes, explain: | | | | | | | | |



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| RESEARCH PARK SPACE REQUIREMENTS | | | | | | | | | | |
|---------------------------------------|-------------------------------|-----|--------|---------------------------------|--------------------|--------------|--------------------|--|--|--|
| How much space do you need? | (ft²) | Res | earch | | (ft ²) | Office | (ft ²) | | | |
| How long do you need the space? | v long do you need the space? | | | Date you would like to move in? | | | | | | |
| Special space requirements: | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Do you need connectivity to FAA WJHTC | C?: | | Yes | | No | | | | | |
| Where would you like to install them? | | | Centra | alized (co | mmon) L | aboratories. | | | | |
| | | | | Integrat | ed with C | Other Membe | r Systems | | | |
| | | | | Standal | one | | | | | |
| | | | Privat | e (Acces | s control | led space) | | | | |

AVIATION RESEARCH OBJECTIVES

Describe your business and products:



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Describe your research objectives and capabilities:

Describe your needs from the Stockton ARTP: (i.e., expertise, collaboration, resources, data, etc.)

The purpose of this application is to collect pertinent information from prospective members. This information will be used to initiate the membership selection process that involves the collection of additional information about the organization, interviews with the Membership Selection Committee, and an Offer of Membership. All information will be handled within the highest level of confidentiality.

For additional information, contact Joseph M. Sheairs, Executive Director at 609-626-6046 or email: StocktonARTP@stockton.edu