

Company Information			
Company Name			
Designator Code*		Accounting/Prefix Code*	
Address Line 1		Phone	
Address Line 2		Fax	
City, State		Postal Code	
Membership Type	Stockholder Airline** Associate Airline Limited Participant	Is the company currently involved in any bankruptcy proceedings? <i>If yes, please explain:</i>	Yes No

* ACH will assign for Limited Participants.

**Requires approval by current stockholder airlines.

Settlement Qualification		
Indicate the agreement(s) you are signatory to:		
A4A Interline Traffic	UATP Participation	None at this time**
IATA Multilateral Interline Traffic	Bilateral Interline Traffic/Prorate ⁽¹⁾	Other ⁽¹⁾ _____
** Airlines must become a signatory to one of these agreements within 90 days after membership is approved.		
⁽¹⁾ For limited participant membership, indicate the name of at least one member of Airlines Clearing House or IATA Clearing House with which you intend to settle accounts through Airlines Clearing House: _____		
Agreement between the parties must provide for settlement through Airlines Clearing House or IATA Clearing House. Include with your application a copy of the agreement or a letter from the current member certifying the clearing house settlement provision.		

Application Fees		
Application Type	Non-Refundable Application Fee	Refundable Member Deposit
Stockholder Airline ⁽²⁾	\$1,000	\$10,000
Associate Airline	\$1,000	\$10,000
Limited Participant	\$1,000	\$10,000

⁽²⁾ One share of Airlines Clearing House, Inc. stock must also be purchased for \$1.00 par value.

Settlement Bank Account
Upon approval of this application and execution of the relevant contracts, the new member is required to open a demand deposit account with the clearing bank (currently U.S. Bank National Association) to facilitate net settlements. The new member will be eligible to participate in settlements through ACH only after the account has been opened. The member's account will be debited or credited depending on their net position in each settlement.

Signatures	
Return application with applicable fees to:	Signed on behalf of applicant:
Airlines Clearing House, Inc. 1275 Pennsylvania Ave NW, Suite 1300 Washington, DC 20004 Email: ach@airlines.org Phone: 202-626-4142	Signature: _____ Name (print): _____ Title: _____ Date: _____ Email: _____ Phone: _____