

Taking rewards to a whole new level.

Enroll	Award Currency Desired* Dollars Euros Pounds	AVTRIP Me	mber Number
Country*		I security no. or ITIN	Date of Birth D D M M
First Name*	M.I. Last Nam	ne*	N M
Address*		City*	
State/Province*	Zip/Postal Code*	Employer	
Primary Email*	Secondary	Email	
Work Phone Include Country Code	Cell Phone* Include Country Code	Enrolling on	behalf of company
Tail Number(s)*	Pr	rimary Aircraft Usage Fractional Private Charter	Primary Pilot Certification Private ATP Commercial
Aircraft You Fly (Manufacturer, Typ	ŀ	How did you find out ab Friend Website FBO	
Signature*	Novel or forest 116 and detection		* Required field
ITIN = Individual Taxpayer Identification Number for non-US residents only. By signing, I agree to the AVTRIP guidelines found at www.avfuel.com/avtrip I was referred by someone; give them 500 points!			
Member name:	, give then 500 points:	AVTRIP ID#	