

# AABInternational

## CORPORATE MEMBERSHIP APPLICATION

Name of Corporation/Association \_\_\_\_\_

Name of Representative \_\_\_\_\_

Dr. \_\_\_\_\_ Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_ Miss \_\_\_\_\_ Other \_\_\_\_\_

Professional Position \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Office Phone \_\_\_\_\_ FAX \_\_\_\_\_

E-Mail \_\_\_\_\_ Web Site Address \_\_\_\_\_

Briefly describe the activities of the company or association and the involvement in aviation education.

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This corporation/association wishes to become a member of the Aviation Accreditation Board International and hereby agrees to abide by its Bylaws.

Signature of Representative \_\_\_\_\_ Date \_\_\_\_\_

**Annual Dues: \$2850**    Check Attached ( )    Purchase Order ( )    in Progress ( )

American Express/Visa/MasterCard ( ) \_\_\_\_\_  
(card number)

Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

Mail or fax to: **Aviation Accreditation Board International**  
3410 Skyway Drive    Auburn, AL 36830  
Phone: (334) 844-2431    Fax: (334) 844-2432

**For AABI Use Only**

**Rec. No.:**

**Type:**

**Ent.:**

**Exp.:**