

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.

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: \$2475 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.: