

AABInternational

EDUCATOR MEMBERSHIP APPLICATION

Name: _____

Regional/National Accreditation by _____ Date of Next Reaffirmation _____

Type of Control: Public () Private () Highest Degree Offered _____

Full Time Enrollment _____ Academic Calendar System _____

AVIATION PROGRAM INFORMATION

Department

Name _____ Academic Division _____

Aviation Program

Title(s) _____

Name Program Chair _____

Office Phone _____ Fax _____ E-mail _____

Degrees/Majors offered by AABI classification, and current enrollment: Management-AM, Maintenance-MT, Electronics-EL, Aviation Studies-AS, Flight Education-FE. (EXAMPLE: BS Professional Flight FE, 150) Attach additional sheets if required.

Intend to apply for AABI accreditation? No Yes Anticipated date of application _____

Program(s) _____

FAA Air Agency Certification & Ratings: _____

Is any portion of aviation conducted under contract or through articulation with an outside agency?

If so, describe and give the name(s) of the agency(ies):

EDUCATOR REPRESENTATIVE

Dr. Mr. Mrs. Ms. Miss Other _____ Title _____

Name _____

Address _____

City _____ State _____ ZIP _____

Office Phone _____ FAX _____ E-mail _____

Web address _____

The Institution applies for membership in the Aviation Accreditation Board International and hereby agrees to abide by its Bylaws.

Signature _____ Date _____

Annual Dues: \$900

Check. PO (attached) AmEx. VISA. MasterCard Other

Number _____

Exp.Date (mm/yy) _____

For AABI Use Only

Signature _____

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

Rec. No.:

Type:

Ent.:

Exp.: