

# 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: \$1,050**

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.:**