

# AABInternational

## SUSTAINING INDIVIDUAL MEMBERSHIP APPLICATION

Name \_\_\_\_\_

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

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

Institution or Organization \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Web Site Address \_\_\_\_\_

Special Area of Aeronautical Interest \_\_\_\_\_

Aeronautical Credentials and Experience \_\_\_\_\_

Academic Degrees and Institutions \_\_\_\_\_

I wish to become a member of the Aviation Accreditation and hereby agree to abide by its Bylaws.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Annual Dues: \$60** ( ) Check Attached

( ) 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.:**

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