

# 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: \$50** ( ) 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.:**