

AABInternational

SUSTAINING ORGANIZATION MEMBERSHIP APPLICATION

Name of Organization/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 organization or association and the involvement in aviation education:

This Organization/Association wishes to become a member of the Aviation Accreditation Board International and hereby agrees to abide by its Bylaws.

Signature _____ Date _____

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