

# 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 \_\_\_\_\_

**Annual Dues: \$485** ( ) Check Attached ( ) Purchase Order ( ) in Progress  
American Express/Visa/MasterCard \_\_\_\_\_

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.:**