

AABInternational

TRADE ASSOCIATION 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 _____

IRS Non-Profit Status _____

Briefly describe the activities of the organization or association and the involvement in aviation education: _____

Briefly describe the nature and size of your membership: _____

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: \$690 () 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

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