

AABInternational

CORPORATE MEMBERSHIP APPLICATION

Name of Corporation _____

Name of Representative _____

Dr. Mr. Ms. Mrs. Miss Capt. Other _____

Professional Position _____

Street _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Office Phone _____ FAX _____

E-Mail _____ Web Site Address _____

Briefly describe the activities of the company or association and the involvement in aviation education.

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

Annual Dues: \$3,600.00 Check Attached

NOTE: Credit, Other Payment Cards, ACH and Electronic Payments – Email victoria@aabi.aero to receive an on-line payment request.

Signature _____

Mail or fax to: **Aviation Accreditation Board International**

115 S. 8th Street,
Suite 102
Opelika, AL 36801
Phone: (334) 748-YFLY (9359)
Fax: (334) 748-9360
Email: victoria@aabi.aero

For AABI Use Only

Rec. No.:

Type:

Ent.:

Exp.: