

AABInternational

CORPORATE RENEWAL 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 its membership with 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.: