

# AABInternational

## EDUCATOR MEMBERSHIP APPLICATION

Institution Name: \_\_\_\_\_

Regional/National Accreditation by \_\_\_\_\_ Date of Next Reaffirmation \_\_\_\_\_

Type of Control: Public Private Highest Degree Offered \_\_\_\_\_

Full Time Enrollment \_\_\_\_\_ Academic Calendar System \_\_\_\_\_

### AVIATION PROGRAM INFORMATION

Department Name \_\_\_\_\_ Academic Division \_\_\_\_\_

Aviation Program Title(s) \_\_\_\_\_

Name Program Chair \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Degrees/Majors offered by AABI classification, current enrollment, and if accredited by AABI, date of last accreditation/reaffirmation and links for each program's 3.4.2 compliance:** Management-AM, Maintenance-MT, Electronics-EL, Aviation Studies-AS, Flight Education-FE, Aviation Safety Science-ASS, Air Traffic Control-ATC, Unmanned Aircraft Systems-UAS, Graduate Studies-GS **(EXAMPLE: BS Professional Flight FE, 150 7-1-03, www.xxxx.edu/xxxx)**  
**Attach additional sheets if required.**

If no programs are accredited by AABI, do you intend to apply? Yes No Anticipated date of application \_\_\_\_\_

Program(s) \_\_\_\_\_

FAA Air Agency Certification & Ratings (or international equivalent): \_\_\_\_\_

Is any portion of aviation conducted under contract or through articulation with an outside agency? \_\_\_\_\_

If so, describe and give the name(s) of the agency(ies): \_\_\_\_\_

### EDUCATOR REPRESENTATIVE

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Capt. Title \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Office Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Web address \_\_\_\_\_

The Institution wishes apply for Aviation Accreditation Board International membership and hereby agrees to abide by its Bylaws.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Annual Dues: See attached Form 203**

☐ Check.

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

Mail or fax to: **Aviation Accreditation Board International**  
115 S. 8<sup>th</sup> 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.:**

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## DUES AND FEES SCHEDULE

### FORM 203

EFFECTIVE **OCTOBER 1, 2023**

Be aware that all invoices are due net 30 days. After that, a monthly interest charge of 1.5% will be added. Nonpayment of any fees may result in cancellation of membership, cancellation of visits and/or removal of a program from AABI's Directory of Accredited Programs.

#### **ANNUAL MEMBERSHIP DUES**

Corporate Member			\$3,600.00
Accredited Educator Member	Administrative Central Location		\$1,430.00
	Base fee per Branch Campus	**Applicable only to AABI accredited programs**	\$385.00
Non-Accredited Educator Member <sup>1</sup>	Administrative Central Location		\$1,565.00
	Base fee per Branch Campus	**Applicable only if in Candidacy**	\$440.00
Other Educator Member <sup>2</sup>			\$660.00
Sustaining Organization Member <sup>3</sup>			\$730.00
Sustaining Individual Member			\$85.00
Trade Association Member			\$1,650.00
Student			\$35.00

<sup>1</sup> Dues for institutions that have not attained accredited status

<sup>2</sup> Dues for institutions offering aviation degrees outside the scope of AABI accreditation

<sup>3</sup> Organizations or institutions not eligible for accreditation