

# AABInternational

## STUDENT MEMBERSHIP APPLICATION

Name \_\_\_\_\_

Mr.              Ms.              Mrs.              Miss              Other              \_\_\_\_\_

Institution Attending: \_\_\_\_\_

Program Enrolled In: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Year: Fresh.      Soph.      Jr.      Sr.

Expected Year of Graduation: \_\_\_\_\_

Special Area of Aeronautical Interest \_\_\_\_\_

Other Academic Degrees and Institutions \_\_\_\_\_

I wish to become a member of the Aviation Accreditation and hereby agree to abide by its Bylaws.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Annual Dues: \$35**      Check Attached

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

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

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Fax: 334-748-9360  
Email: victoria@aabi.aero

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**Rec. No.:**

**Type:**

**Ent.:**

**Exp.:**