

AABInternational

STUDENT RENEWAL 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 renew my membership with 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
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Rec. No.:

Type:

Ent.:

Exp.: