

AABInternational

SUSTAINING ORGANIZATION MEMBERSHIP APPLICATION

Name of Organization/Association _____

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 organization or association and the involvement in aviation education:

This Organization/Association wishes to apply for membership with the Aviation Accreditation Board International and hereby agrees to abide by its Bylaws.

Signature

Date

Annual Dues: \$730.00

Check Attached

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

Mail or fax to: Aviation Accreditation Board International

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Opelika, AL 36801
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Fax: 334-748-9360
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