

# AABInternational

## TRADE ASSOCIATION 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 \_\_\_\_\_

IRS Non-Profit Status \_\_\_\_\_

Briefly describe the activities of the organization or association and the involvement in aviation education:

Briefly describe the nature and size of your membership:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Annual Dues: \$1,650.00**      Check Attached

**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**

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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.: