

AABInternational

TRADE ASSOCIATION RENEWAL 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 renew its 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**

115 S. 8th 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.: