

# AABInternational

## STUDENT MEMBERSHIP APPLICATION

Name \_\_\_\_\_

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

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

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

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

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

Office Phone \_\_\_\_\_ FAX \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Web Site Address \_\_\_\_\_

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: \$30** ( ) Check Attached ( ) American Express/Visa/MasterCard \_

\_\_\_\_\_  
(card number) \_\_\_\_\_ Exp.Date \_\_\_\_\_

Signature \_\_\_\_\_ Security Code \_\_\_\_\_

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

3410 Skyway Drive Auburn, AL 36830  
Phone: (334) 844-2431 FAX: (334) 844-2432

**For AABI Use Only**

**Rec. No.:**

**Type:**

**Ent.:**

**Exp.:**

AABI STUDENT APPLICATION  
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