AABInternational

SUSTAINING ORGANIZATION MEMBERSHIP RENEWAL

Name of Organization/Association _____

Name of Representative _____

Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Other _____

Professional Position _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

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 renew its membership with the Aviation Accreditation Board International and hereby agrees to abide by its Bylaws.

_____ _____

Signature Date

Annual Dues: $660.00 ☐ Check Attached

☐ American Express/Visa/MasterCard _____

(card number)

Signature _____ Exp.Date _____ **Security Code** _____

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