AABInternational

TRADE ASSOCIATION MEMBERSHIP APPLICATION

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_____

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 Organization/Association wishes to become a member of the Aviation Accreditation Board International and hereby agrees to abide by its Bylaws.

_____ _____

Signature Date

Annual Dues: $1,500.00 ☐ Check Attached

☐ American Express/Visa/MasterCard _____

(card number)

Signature _____ Exp.Date _____ **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

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Type:

Ent.:

Exp.: