



AWAM Membership Application

___ New Member

___ Member Renewal

___ Change of Information

*Name	First:	MI:	Last
Company or School: (School name is required if applying for student membership)			
Title:			
*Address:			___ Home ___ Business ___ School
*City:		*State or Province:	
*Zip or Mail Code:		*Country	
Phone: ___ Home ___ Business ___ Cell		Phone: ___ Home ___ Business ___ Cell	
E-mail:			
How would you like to receive the AWAM newsletter? ___ e-mail ___ e-Mail and Print			

Degrees and/or certificates:
Your aviation affiliations or interests:
How did you hear about AWAM?

*Type of Membership: (All amounts in U.S. dollars. Add \$10 if outside the U.S.)

___ Individual (\$25.00/yr)	___ Student (\$15.00/yr)	___ Corporate (\$300.00/yr)
___ Educational Institution (\$150.00/yr)		___ Lifetime (\$500/one time)

To pay by Credit Card: **\$15.00 Minimum Requirement**

___ Visa ___ Mastercard ___ American Express	
Name on Credit Card:	
Credit Card Number:	Expiration Date:

I hereby certify that the information on this application is true and correct.

*Signed:	Date:
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Membership Dues	
Additional Donation	
Total Amount	

Membership dues and donations are tax deductible.

Please mail this application with check, money order, or credit card info to:

**AWAM, P. O. Box 1030
Edgewater, FL 32132**

Credit card applications may be faxed to: **866-515-8103** – Direct questions to WHQ@awam.org

Visit www.awam.org

* = Required fields

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