

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:			<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> School
*City:		*State or Province:	
*Zip or Mail Code:		*Country	
Phone:		Phone:	
<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell		<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell	
E-mail:			
How would you like to receive the AWAM newsletter? <input type="checkbox"/> e-mail <input type="checkbox"/> 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.)

<input type="checkbox"/> Individual (\$25.00/yr)	<input type="checkbox"/> Student (\$15.00/yr)	<input type="checkbox"/> Corporate (\$300.00/yr)
<input type="checkbox"/> Educational Institution (\$150.00/yr)		<input type="checkbox"/> Lifetime (\$500/one time)

To pay by Credit Card:

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> 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 32132-1030**

Credit card applications may also be faxed to: **386-236-0517**

* = Required fields