Vertical Flight Society | 2700 Prosperity Ave, Suite 275 | Fairfax, VA 22031
Tel: +1-703-684-6777 | membership@vtol.org | www.vtol.org

Educational Membership Application Form

College/University:_____
Address:_____
City:_____ **State/Province:**_____ **Postal Code:**_____ **Country:**_____
Website:_____

Primary Member:
Name: (Prefix, First, Middle Initial, Last)_____
Address:_____
City:_____ **State/Province:**_____ **Postal Code:**_____ **Country:**_____
Email:_____

Secondary Member:
Name: (Prefix, First, Middle Initial, Last)_____
Address:_____
City:_____ **State/Province:**_____ **Postal Code:**_____ **Country:**_____
Email:_____

Product	**Yearly Dues**
Educational Membership	$350
Total	$350

Payment Options: *Payment must be submitted in U.S. Dollars*

_____MasterCard _____Visa _____American Express _____Check

Credit Card Number_____CCV:_____Exp. Date:____/___

Name on Card_____Date:____/___/___

Mail Checks & Application:
Vertical Flight Society
Membership Department 2700
Prosperity Ave, Suite 275
Fairfax, VA 22031
Phone: 1-703-684-6777
Email: membership@vtol.org

ACH/Wire Transfer:
Capital One Bank
Account Name: American Helicopter Society
Account Number: 3316980142
Routing Transit Number: 065000090
Swift Number: HIBKUS44
Bank Address: 1680 Capital one Drive, McLean, VA 22102