

### 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
<b>Total</b>	<b>\$350</b>

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

\_\_\_\_\_ MasterCard      \_\_\_\_\_ Visa      \_\_\_\_\_ American Express      \_\_\_\_\_ Check

Credit Card Number \_\_\_\_\_ CCV: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Payment Options:**

Mail	Email	Telephone	FAX
Vertical Flight Society -AHS Membership Department 2700 Prosperity Ave, Suite 275 Fairfax, VA 22031	<a href="mailto:VSheehan@vtol.org">VSheehan@vtol.org</a>	+1-703-684-6777	+1-703-739-9279