

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: _____

	Option Selected	Annual Dues
<input type="checkbox"/>	Full Educational Membership Bundle	\$1,500
<input type="checkbox"/>	Educational Membership	\$350
	Total	

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	VSheehan@vtol.org	+1-703-684-6777	+1-703-739-9279