Vertical Flight Society | 2700 Prosperity Ave, Suite 275 | Fairfax, VA 22031
USA 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 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**
Vertical Flight Society -AHS Membership Department 2700 Prosperity Ave, Suite 275 Fairfax, VA 22031	membership@vtol.org	+1-703-684-6777