

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 2701 Prosperity Ave, Suite 210 Fairfax, VA 22031	VSheehan@vtol.org	1-703-684-6777	1-703-739-9279