



UNIVERSITY AVIATION
ASSOCIATION

UNIVERSITY AVIATION ASSOCIATION
COMMITTEE MEMBER APPLICATION

Name _____ Position _____

Institution/Organization _____

Department _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone: Office Number () _____ Home Number () _____

FAX Number () _____ E-Mail Address _____

Membership: _____ Professional _____ Institutional* _____ Affiliate

_____ Associate _____ Corporate*

Willing to serve as: (Check all that apply)

Committee Member _____ Committee Chair _____

Requested Committee Assignments:

First Choice _____

Second Choice _____

Third Choice _____

Is your participation supported by your institution/organization including the funding of travel to attend meetings?

YES _____ NO _____ Comments _____

Signature _____ Date _____

PLEASE ATTACH BIO OR VITA AND RETURN TO:

University Aviation Association
3410 Skyway Drive
Auburn, AL 36830

*Designated Representative