WAI CORPORATE MEMBERSHIP FORM

Join more than 300 companies and organizations supporting the WAI mission and its programs at

WAI.org/membership-information

Corporate Membership:

(for companies with annual gross revenues of less than $1 billion)

$500

BENEFITS:

- Individual memberships for five representatives ($245 value)
- Exhibitor discount at the WAI Annual Conference
- Registration discounts for five representatives at the WAI Annual Conference
- Complimentary job and internship postings on WAI Jobs Connect website
- Advertising discounts in WAI publications *Aviation for Women* and *Aviation for Girls* magazines and other WAI communications

☐ **$500** Corporate Membership
(Complete membership information for primary and four additional representatives)

Complete this form and submit:
Email: *membership@WAI.org*
Mail: Women in Aviation International
1864 Dayton Germantown Pike, Unit 4
Germantown, OH 45327-1100

Women in Aviation® INTERNATIONAL
WAI.org

Company/Organization

_____

PRIMARY REPRESENTATIVE:

Provide information if new Corporate member.
(Designate one primary representative for Corporate membership)

Primary Representative's Name_____
Mailing Address_____
_____
City_____State/Province/Region_____
Zip/Postal Code_____Country_____
Phone_____Opt in for WAI text message __ yes __ no
Email_____

BILLING REPRESENTATIVE:

If different from the primary representative or an inheriting member below, please provide the information for whom to contact regarding invoices and annual dues. (initial and renewal invoices will be sent to this representative)

Billing Representative's Name_____
Phone_____Opt in for WAI text message __ yes __ no
Email_____

Designate up to four additional representatives.

1 Name_____ ☐ Billing Representative
Mailing Address_____
_____
City_____State/Province/Region_____
Zip/Postal Code_____Country_____
Phone_____ Opt in for WAI text message __ yes __
Email_____

2 Name_____ ☐ Billing Representative
Mailing Address_____
_____
City_____State/Province/Region_____
Zip/Postal Code_____Country_____
Phone_____Opt in for WAI text message __ yes __ no
Email_____

3 Name_____ ☐ Billing Representative
Mailing Address_____
_____
City_____State/Province/Region_____
Zip/Postal Code_____Country_____
Phone_____Opt in for WAI text message __ yes __ no
Email_____

4 Name_____ ☐ Billing Representative
Mailing Address_____
_____
City_____State/Province/Region_____
Zip/Postal Code_____Country_____
Phone_____Opt in for WAI text message __ yes __ no
Email_____