

# WAI CORPORATE MEMBERSHIP FORM

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



[WAI.org/membership-information](http://WAI.org/membership-information)

## Corporate Membership: \$500

### BENEFITS:

- Individual memberships for five representatives (\$245 value)
- Conference discounts for five representatives
- 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
- Exhibitor discount at the WAI Annual Conference

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

**Complete this form and submit:**  
Email: [membership@WAI.org](mailto:membership@WAI.org)  
Mail: Women in Aviation International  
1864 Dayton Germantown Pike, Germantown, OH 45327-1100

## 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 \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Designate up to four additional representatives.**

**1** Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State/Province/Region \_\_\_\_\_  
 Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**2** Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State/Province/Region \_\_\_\_\_  
 Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**3** Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State/Province/Region \_\_\_\_\_  
 Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**4** Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State/Province/Region \_\_\_\_\_  
 Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

