



# FOUR-YEAR ACADEMIC INSTITUTION MEMBERSHIP

DATE: \_\_\_\_\_

The undersigned hereby applies for membership in The American Association of Port Authorities, subscribes to its Mission Statement and agrees to abide by its Certificate of Incorporation and Bylaws.

NAME OF INSTITUTION: \_\_\_\_\_

CONTACT: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

(Please add City and Country Code if applicable)

FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

INTERNET ADDRESS: \_\_\_\_\_

YOUR WEEKLY AAPA ADVISORY NEWSLETTER WILL BE SENT ELECTRONICALLY. PLEASE PROVIDE E-MAIL ADDRESS: \_\_\_\_\_

Please describe your academic institution. (Attach separate sheet if desired):

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APPLICATION SHOULD BE ACCOMPANIED BY FEE FOR FIRST YEAR'S DUES. US\$ 1,000.00\*

*Annual membership dues are US\$1,000.00 for four-year institutions. \*Current dues cover membership for 12 months from date of application.*

SUBMITTED BY: \_\_\_\_\_

*Payments to The American Association of Port Authorities are not deductible as charitable contributions for federal income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses.*

**FORWARD TO:** Membership Services  
American Association of Port Authorities  
1201 Maryland Ave  
Suite 860  
Washington, DC 20024  
Phone (703) 684-5700