



TWO-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):

APPLICATION SHOULD BE ACCOMPANIED BY FEE FOR FIRST YEAR'S DUES. US\$ 500.00*

*Annual membership dues are US\$500.00 for two-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