



INSTITUTIONAL MEMBERSHIP

Institutional membership is extended to accredited institutions that are listed in the most current edition of the Higher Education Directory and that have an existing or planned aviation program or curriculum. Each Institution will appoint one person to serve as its Associate member.

The objectives of OBAP's Institutional membership program are to enhance OBAP's mission and provide a bridge between the ACE (Aviation Career Education) and APDP (Aerospace Professionals Development) Programs. We welcome Institutions that embrace the long-term goal of improving programs and developing undergraduate scholarship programs. We strongly encourage you to consider this most beneficial program.

Institutional membership dues are \$1,000 annually.

Institutional Membership includes:

- Newsletters (PIREP News), electronic messaging (newsflash@obap.org, info@obap.org and jobs@obap.org) sent to your official representative for institutional membership.
- Opportunity to participate as an associate board member on the OBAP Board of Directors. (Note: An Institutional membership representative has been specifically designated a seat on the OBAP Board of Directors).
- Assignment of an OBAP member as your direct contact point.
- Equivalent of one to two pages of printable/downloadable information on the OBAP website providing information on your organization.
- An active hyperlink to the page of your choice on your organization's website from the OBAP website.
- Access to the OBAP job referral network in the OBAP website.
- Authorization to use the OBAP website as an authoritative guidance tool and referral source to further support your corporate HR programs.
- Use of the OBAP logo in promoting diversity programming, ACE Academies, and promotional material (*the OBAP Board of Directors*).

Why should your Institution join OBAP?

1. Your institution desires to access a source of scholarship funding opportunities.
2. Your institution wants to partner with preeminent pilot development associations.
3. Your institution desires professional networking and job placement opportunities.
4. Your institution desires the opportunity to influence curricula development and industry standards by networking with other institutions, corporations, government agencies, and individuals.

What does OBAP offer?

1. Educational conferences
2. Professional Newsletters & Journal
3. Internet networking capability
4. Institutional program reviews
5. Research opportunities
6. Manpower source for industry
7. Scholarships and internships
8. Convention and trade show representation
9. Professional networking opportunities
10. Job Search Assistance
11. Diversity awareness recognition
12. Strategic relationships with colleges and universities
13. Vehicle for undergraduate educational assistance
14. Expanded role in total member development
15. Expanded role in government education department



Organization of Black Airline Pilots, Inc

Institutional Membership Application

Membership No. _____

Date _____

_____ desires to become a member

Institution

of **THE ORGANIZATION OF BLACK AEROSPACE PROFESSIONALS, Inc** and hereby agrees to abide by the Constitution and Bylaws of the Association, if accepted, and submits the following:

INSTITUTIONAL REPRESENTATIVE

Name of Institutional Representative _____

Address _____

City: _____ State: _____ Zip: _____

Phone #: _____ FAX #: _____ E-Mail: _____

Title or Professional Position: _____

Signature: _____

INSTITUTION INFORMATION

Type of Institution: University _____ College _____ Flight School _____ Other _____

Number of Students: _____ Referred by: _____

*** Above information will appear on membership list unless you request otherwise.**

Annual Dues \$1,000

Check/ Purchase Order Voucher Attached

Credit Card

Name on Credit Card _____ Credit Card Number _____

Expiration Date _____ Card Type _____ Authorized Signature _____

Fill out the form, make check or money order payable to "OBAP" (or fill in credit card information) and mail to:

OBAP National Office, 1 Westbrook Corporate Center, Suite #300, Westchester, IL 60154

Name: _____ **Date:** _____