



## **STUDENT MEMBERSHIP**

Student membership is extended to any person who is 23 years of age or younger, and who is enrolled in an educational institution or who has attended an ACE (Aviation Career Education) Academy. The objectives of OBAP's Student membership program are to enhance OBAP's mission and provide a bridge between the ACE (Aviation Career Education) and APDP (Aerospace Professional Development) Programs.

### **Why should you join OBAP?**

1. You desire to access a source of scholarship funding opportunities.
2. You want to partner with preeminent pilot development associations.
3. You desire to network with aviation professionals.
4. You desire to cultivate job placement opportunities.
5. OBAP can track your educational progress and career development.

### **What does OBAP offer?**

1. Educational conferences
2. Professional Newsletters & Journal
3. Internet networking capability
4. Research opportunities
5. Scholarships and internships
6. Job Search Assistance
7. Introductory relationships with colleges and universities



## Organization of Black Aerospace Professionals

### Student Membership Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ if under 18, Parent Name \_\_\_\_\_ and

Signature \_\_\_\_\_

Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

School \_\_\_\_\_ Grade Level/Graduation Year \_\_\_\_\_

ACE Academy Attended \_\_\_\_\_ Yes \_\_\_\_\_ No Location \_\_\_\_\_ Date \_\_\_\_\_

Planned Career Choice \_\_\_\_\_

Student Signature: \_\_\_\_\_

#### **Optional Database Information**

There is no requirement for you to complete this section; however, your responses will assist us in assessing the makeup of our organization.

Gender (Male/Female) \_\_\_\_\_ Year of Birth \_\_\_\_\_ Race/Ethnic Background \_\_\_\_\_

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

#### **Payment Information:**

\_\_\_ Show All Information \_\_\_ Show only Name and Address Information

Annual Dues \$25 \_\_\_\_\_ Check/Money Order 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:** \_\_\_\_\_