

# WAI CORPORATE MEMBERSHIP FORM

SAVE MORE WITH A  
**SUPERSONIC**  
WAI CORPORATE MEMBERSHIP

## General Corporate Membership: \$400

### BENEFITS:

- Free job and internship posting at WAI Jobs Connect
- Advertising discounts in WAI print and digital publications
- Exhibitor discount at WAI annual conference
- Conference discount at the Individual member rate
- Receive *Aviation for Women*, *Aviation for Girls* magazines and WAI Connect eNewsletter

## Supersonic Corporate Membership: \$500

### ADDITIONAL BENEFITS:

- Individual memberships for three more representatives (\$135 value)
- Conference discounts for three more representatives (\$150 value)
- Plus all the General Corporate Membership benefits listed above

*If you are already a corporate member and would like to move to Supersonic Level, pay just \$100 to take advantage of new benefits!*

- \$400** General Corporate Membership. (Complete membership information, designating one corporate representative)
- \$500** Supersonic Level Corporate Membership. (Complete membership information for primary and three additional representatives.)
- \$100** Upgrade my organization's General Corporate Membership to Supersonic Level for \$100. (Complete membership information for three additional representatives.)

### FORM OF PAYMENT

*(Payment must be in U.S. dollars – Make check payable to Women in Aviation International)*

- MasterCard    VISA    American Express    Check # \_\_\_\_\_
- Acct Number \_\_\_\_\_
- Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_ Billing ZIP Code \_\_\_\_\_
- Cardholder's Name (Print) \_\_\_\_\_
- Authorized Signature \_\_\_\_\_  
(sign as name appears on credit card)

## Company/Organization

### PRIMARY REPRESENTATIVE:

Provide information if new General or Supersonic Level Corporate member.  
(Designate one primary representative for either level of membership.)

Primary Representative's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### ADDITIONAL REPRESENTATIVES:

Provide information ONLY if upgrading or becoming a new Supersonic Level Corporate member. (Designate up to three additional representatives.)

① Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

② Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

③ Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

