



# American Institute of Aeronautics and Astronautics

Louisiana State University AIAA Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Local Address: \_\_\_\_\_ Local Phone: \_\_\_\_\_

\_\_\_\_\_

Permanent Address: \_\_\_\_\_ Perm. Phone: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a National Member? Yes No

Classification (circle one): Fr. Soph. Jr. Sr.

What's your Major? \_\_\_\_\_

Enrollment (circle one):

Nat. member Semester \$5.00

Local member only Semester \$8.00

Nat. member Year \$10.00

Local member only Year \$15.00