



Affiliated with The International Society of AirSafety Investigator

ISASI No. _____
(Office use only)

Individual Membership Application

Please Print or Type

Mr. _____ Mrs. _____ Ms. _____ Dr. _____ Other _____

Applicant's Name: _____ Date of Birth: _____
LAST/Family Name Given First MI M D YR

Mailing Address: _____

City: _____ District/Province: _____

Country: _____ Postal Zip/Country Code: _____

Home Phone: _____ Cell Phone: _____

Citizen of (list country): _____ Spouse's Name (opt'l): _____

Email Address: _____ Web Address: _____

I Am Applying For The Following Membership Classification

_____ MEMBER _____ ASSOCIATE MEMBER _____ AFFILIATE MEMBER _____ STUDENT MEMBER

If a Student, name of institution where enrolled: _____

Employment Record

List your present employer first. Use additional sheets as necessary. List at least five years employment history.

Employer's Name: _____

Address: _____ Phone: _____

Title or Position: _____ Date From: _____ To: _____
M YR M YR

Did your position involve Aircraft Accident Investigations? _____ YES _____ NO

Employer's Name: _____

Address: _____ Phone: _____

Title or Position: _____ Date From: _____ To: _____
M YR M YR

Did your position involve Aircraft Accident Investigations? _____ YES _____ NO

Employer's Name: _____

Address: _____ Phone: _____

Title or Position: _____ Date From: _____ To: _____
M YR M YR

Did your position involve Aircraft Accident Investigations? _____ YES _____ NO



**THE AUSTRALIAN SOCIETY OF
AIR SAFETY INVESTIGATORS**

PO Box 588
Civic Square Act 2608
Australia

Investigation Experience

Your classification of membership in ISASI is dependent upon your investigation and/or prevention experience and related schooling. Therefore, please be most careful in submitting the requested details on your investigative experience as outlined below.

Education/Degrees: _____

FIRST Investigation in which you participated or outline prevention activities: _____

Date: _____ Location: _____ Make/Model of Aircraft: _____

Whom represented: _____

Your Capacity/Specialty: _____

If you are applying for Member classification, on a separate sheet(s) of paper, identify by date, location, make and model of aircraft etc. AT LEAST EIGHT INTERVENING ACCIDENTS IN WHICH YOU PARTICIPATED in addition to those listed above. Equivalent prevention experience includes, supervisory air safety responsibilities, safety committee assignments, participation in complex incident/mishap investigations, and/or hearings /board of inquiry, etc. Aircraft litigation experience is not qualifying for MEMBER an ASSOCIATE Membership classifications. Date and sign each sheet and attach to this form.

MEMBER REFERRALS: For FULL or ASSOCIATE membership, TWO signatures are required. To be considered for FULL member status, at least one referral must be by a FULL Member. (For Students; one reference by a faculty member or an ISASI member)

Name: _____ Signature: _____ Date: _____ Member #: _____

Name: _____ Signature: _____ Date: _____ Member #: _____

I, the undersigned, certify that the information contained in this application and any attached documents is correct. Information that misrepresents applicant's qualifications is grounds for rejection of the application and for subsequent revocation of membership based on an invalid application. I agree that if elected to membership, I will comply with the Bylaws and Code of Ethics of The International Society of Air Safety Investigators (ISASI). Further, I also agree that, if for any cause my membership in ISASI shall terminate, my rights, title and interest in or to ISASI shall cease. I understand that the Membership Committee, authorized by ISASI will determine the classification of membership for which I am eligible based on the information I submit. Information provided on this application is confidential and will not be released outside the Society without permission.

Signature: _____ Date _____

Please include payment as follows (make cheques payable to ASASI)

Member, Associate of Affiliate: \$160.00 (Australian)

(Annual Dues \$80.00 and one-time application processing fee of \$80.00)

Student Member: \$80.00 (Australian)

(Annual Dues \$40.00 and one-time application processing fee of \$40.00)

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Do not write in the space below:

National Society Membership Committee

Date _____ Action _____ Signed _____

Date _____ Action _____ Signed _____