



**INTERNATIONAL SOCIETY OF
AIR SAFETY INVESTIGATORS**

Park Center
107 East Holly Avenue, Suite 11
Sterling, VA 20164
Phone: (703) 430-9668
Fax: (703) 430-4970

Application for Individual Membership

ISASI No. _____
(Office use only) Rev. 14-06

Please Print or Type

Mr. Mrs. Ms. Dr. Other _____

Applicant's Name: _____ Date of Birth: _____
Last First MI MM DD YYYY

Address: _____

City: _____ State, District, Province: _____

Country: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

(If outside of the US, list international country code).

Citizen of (list country): _____

Email: _____ Website: _____

I am applying for the following membership classification:

MEMBER ASSOCIATE MEMBER AFFILIATE MEMBER STUDENT MEMBER

If a student, list name of institution currently 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: _____ Date From: _____ To: _____
MM YYYY MM YYYY

Did your position involve aircraft accident investigations or prevention activities? YES NO

Employer's Name: _____

Address: _____ Phone: _____

Title: _____ Date From: _____ To: _____
MM YYYY MM YYYY

Did your position involve aircraft accident investigations or prevention activities? YES NO

Employer's Name: _____

Address: _____ Phone: _____

Title: _____ Date From: _____ To: _____
MM YYYY MM YYYY

Did your position involve aircraft accident investigations or prevention activities? YES NO



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Investigation Experience

Your classification of membership in ISASI is dependent upon your investigation and/or prevention experience and education. Please be careful in submitting the requested details outlined below.

Education/Degrees: _____

Provide details on your **FIRST** investigation and/or prevention activities:

Date: _____ Location: _____ Make/Model of Aircraft: _____
DD MM YYYY

Whom represented: _____

Your capacity/specialty: _____

Provide details on your **MOST RECENT** investigation and/or prevention activities:

Date: _____ Location: _____ Make/Model of Aircraft: _____
DD MM YYYY

Whom represented: _____

Your capacity/specialty: _____

If applying for MEMBER classification, identify on a separate sheet(s) of paper AT LEAST EIGHT INTERVENING ACCIDENTS IN WHICH YOU PARTICIPATED by date, location, make and model of aircraft, etc., 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 and ASSOCIATE MEMBER 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.

Print Name: _____ Member No. _____

Signature: _____ Date _____
DD MM YYYY

Print Name: _____ Member No. _____

Signature: _____ Date _____
DD MM YYYY

I, the undersigned, certify that the information contained in this application and any attached documentation is correct. Information that misrepresents applicant's qualifications is grounds for rejection of the application and for subsequent revocation of membership. 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 agree that if for any cause my membership in ISASI is terminated, 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 ISASI without permission.

Print Name: _____

Signature: _____ Date _____
DD MM YYYY






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**Please include check payable to ISASI in US currency
as follows or complete the credit card information below:**

Member, Associate or Affiliate Membership: \$125 (Includes annual dues of \$80 and one-time application processing fee of \$45).

Student Membership: \$45 (Includes annual dues of \$25 and one-time application processing fee of \$20).

Please charge my:    Annual Auto-Renewal

Card Number: _____ Expiration Date: _____
DD MM YYYY

Card Holder: _____ Security Code: _____

Required Signature: _____

By clicking agree, I confirm that the information shown above is correct and that I am providing my signature as authorization for payment.

**Optional:
Attach Business Card/
Copy of Business Card Here**

Please do not write below this line. For ISASI us only.

National Society

Action: _____

Signed: _____

Date: _____
DD MM YYYY

Member Committee-International Council

Action: _____

Signed: _____

Date: _____
DD MM YYYY

Date Paid: _____

By: _____

Amount: \$ _____

Website Password: _____