



Application for Corporate Membership

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

Please Print or Type

Referred By: _____

Corporate Name: _____

Address: _____

City: _____ State, District, Province: _____

Country: _____ Postal Code: _____

Mr. Mrs. Ms. Dr. Other _____

Primary Representative Name: _____
Last First MI

Title: _____ E-Mail: _____

Business Phone: _____ Cell Phone: _____ Fax Number: _____

Mr. Mrs. Ms. Dr. Other _____

Alternate Representative Name: _____
Last First MI

Title: _____ E-Mail: _____

Business Phone: _____ Cell Phone: _____ Fax Number: _____

Website: *(To be listed on the website, please email your logo (JPG, GIF, PNG, EPS, etc.) along with your website address to: isasi@erols.com)*

Please provide a brief statement of corporation's involvement in aviation safety.

I, the undersigned, certify that the information contained in this application and any attached documentation is correct. I agree that if elected to Corporate 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 Corporate Membership in ISASI is terminated, my rights, title and interest in or to ISASI shall cease.

Signature: _____ Date: _____

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

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

Corporate Membership: \$600 (Includes annual dues of \$500 and one-time application processing fee of \$100).

Please charge my:   
Card Number: _____ Expiration Date: _____
Card Holder: _____ Security Code: _____
Signature (Required): _____

To be invoiced please contact the international office at: isasi@erols.com

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