



Affiliated with The International Society of Air Safety Investigators

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 or Province: _____

Postal Code: _____ Email Address: _____

Website: _____

Home Telephone: _____ Business Telephone: _____

Fax Number: _____ Spouses name (opt'l) _____

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



Education/Experience (List relevant courses and degrees in aviation or safety.):

Investigation and Safety Experience: (Your membership classification is based on your aircraft accident investigation or accident prevention experience. If you are applying for the “Member” classification, list either a total of ten aircraft accidents or major incidents in which you participated as an investigator OR explain your equivalent experience (five years of air safety responsibilities excluding aircraft litigation). Attach additional information as required.

For aircraft accident investigation experience, provide the following information for each investigation in which you have participated in the area provided below and provide the following information for each investigation you have participated in:

Date	Location	Make/Model of aircraft	Organization Represented	Title	Specialty
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**THE CANADIAN SOCIETY OF
AIR SAFETY INVESTIGATORS**

139 West 13th Avenue
Vancouver, B. C.
Canada V5Y 1V8

For “equivalent experience” briefly describe your experience in the safety/accident prevention field including titles held and responsibilities:

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 is correct.

Signature: _____ Date: _____

(Please include a cheque or money order in the amount of \$165.00 Canadian made out to the Canadian Society of Air Safety Investigators - CSASI. [\$100.00 annual fee, \$65.00 one time initiation fee] Student members \$45.00 [\$25.00 annual fee, \$20.00 initiation fee])

Below this line for office use only

National Society

Action: _____

Signed: _____

Date: _____

Member Committee-International Council

Action: _____

Signed: _____

Date: _____