



**THE CANADIAN SOCIETY OF
AIR SAFETY INVESTIGATORS**

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

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

Accident Investigation/Prevention Experience

Your class of membership in ISASI is dependent on your aviation investigation experience and/or your aviation related safety management and accident prevention experience. Your qualifications and education standards will also be taken into account when reviewing your application for membership. Please fill out the sections below as completely as possible. (Add additional information on additional pages if necessary).

List your qualifications and experience below. [Please use additional pages as necessary and include a copy of your CV if you have one.]

Qualification: _____

Education/Degrees: _____

Experience: _____

Provide details of your investigation and/or aviation related safety management and accident prevention experience: _____

To be eligible for Full membership you must have at least three (3) years of experience in an aviation safety position involving aircraft accident investigation and/or aviation related safety management and accident prevention experience.

Aircraft accident litigation is not considered to be qualifying experience for this classification membership.

An affidavit signed by a military applicant's supervisor will be considered when the investigations or experience may be classified.

Member Referrals (For Full or Associate membership, two signatures from current members are required.)

Recommended by:

PrintName: _____ MemberNo: _____
Last First Middle Initial

Signature: _____ Date: _____
Month Day Year

Print Name : _____ Member No: _____
Last First Middle Initial

Signature: _____ Date: _____
Month Day Year



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If applying for Student membership, please include the following:

Name of Institution: _____

Name of Professor: _____ Signature of Professor: _____

I, the undersigned, certify that the information contained in this application and any attached documentation is correct. I understand that any information that misrepresents my qualifications is grounds for rejection of the application and for subsequent revocation of membership. I agree that if accepted for 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 authorised 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.

Signature is required to complete the membership process.

Print Name: _____
Last First Middle Initial

Signature: _____ Date: _____
Month Day Year

**Please include check payable to CSASI in Canadian currency
and mail to
Canadian Society Air Safety Investigators
139 West 13th Ave, Vancouver BC V5Y1V8**

Member, Associate or Affiliate Membership: \$165.00 (Includes annual dues of \$110.00 and one-time application processing fee of \$55.00).

Student Membership: \$45.00 (Includes annual dues of \$25.00 and one-time application processing fee of \$20.00).

Forum, our official magazine, is available in hard copy or digital format.

Please indicate your choice: Hardcopy Digital

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

National Society

Action: _____

Signed: _____

Date: _____
Month Day Year

Member Committee-International Council

Action: _____

Signed: _____

Date: _____
Month Day Year

Date Paid: ___ / ___ / ___ By: _____ Amount: \$ _____

Website Password: _____