

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

ISASI No.	
(Office use	only)

## **Application For Recognition of a Student Chapter**

Rev. 12-02

Please Print or Type				Referred By:	
Institution Name				-	
Address					
City	State, District, Province				
Country	Postal Zip/Zone				
Business Telephone		Facsimile	e#		
Primary Representative Name	Last First	E-Mail A	Address		
Primary Rep Title/Position					
Alternate Representative Name	e Last First	E-Mail A	Address		
Alternate Rep Title/Position					
I, the undersigned, certify that the in elected to Corporate membership, I Investigators. Further, I also agree t Investigators shall terminate, my rig	will comply with the Bylaws and hat, if for any cause my Corporat	d Code of Ethics of T te Membership in Th	The Internation e International	al Society of Air Safety Society of Air Safety	
Signature:	Date:				
Please include in your application to	ISASI the names of, or application	ons from at least thre	ee (3) Student I	Members.	
MEMBER REFERRAL: At l	east one reference from an	existing ISASI M	ember is rec	quired.	
Name:	Signature:	D	Pate:	Member #:	