

The Australian Society of Air Safety Investigators

Affiliated with The International Society of Air Safety Investigators

Nov 09

ISASI No _____

(office use only)

Please type all entries to avoid database errors and then print and post.

Membership Application

CONTACT DETAILS

Given Name	<input type="text"/>	Middle Initial	<input type="text"/>	Family Name	<input type="text"/>	Date of Birth	<input type="text"/>		
						DD / MM / YYYY			
Home Address	<input type="text"/>			City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>	Home Phone	<input type="text"/>	Fax	<input type="text"/>	Mobile	<input type="text"/>		
Email	<input type="text"/>			Nationality	<input type="text"/>	Partner (Optional)	<input type="text"/>		

I AM APPLYING FOR THE FOLLOWING MEMBERSHIP CLASSIFICATION

Member Associate Member Affiliate Member Student Member Other

If student, name of institution where enrolled Student Number

EMPLOYMENT RECORD. List your present employer first. List at least five years employment history, on page 3.

Employer's Name Address Phone

Did your position involve Aircraft Accident Investigation? Yes No

Your title or position Date From Date To

List of investigations or safety promotion activities

Employer's Name Address Phone

Did your position involve Aircraft Accident Investigation? Yes No

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Your classification of membership in the Australian Society of Air Safety Investigators is dependent on your investigation experience and related education. Therefore, please be most careful in submitting the requested details on your investigative experience as outlined in the following section.

RELEVANT EDUCATION/DEGREES

Date Location Course Result

EDUCATION/DEGREES Cont. Use page 3 for additional details

Date	<input type="text"/>	Location	<input type="text"/>	Course	<input type="text"/>	Result	<input type="text"/>
Date	<input type="text"/>	Location	<input type="text"/>	Course	<input type="text"/>	Result	<input type="text"/>
Date	<input type="text"/>	Location	<input type="text"/>	Course	<input type="text"/>	Result	<input type="text"/>
Date	<input type="text"/>	Location	<input type="text"/>	Course	<input type="text"/>	Result	<input type="text"/>

INVESTIGATION EXPERIENCE. Use Page 3 for additional details.

If you are applying for Member classification, identify by date, location, make and model of aircraft, etc. AT LEAST EIGHT INTERVENING ACCIDENTS IN WHICH YOU PARTICIPATED in addition to those listed below. Equivalent experience includes supervisory air safety responsibilities, safety committee assignments, participation in complex incident/mishap investigations, and/or hearings/boards of inquiry, etc. Aircraft litigation experience is not qualifying for MEMBER and ASSOCIATE Membership classifications. Date and sign each sheet and attach to this form.

First investigation in which you investigated

Date Location Make/Model of Acft

Whom represented Capacity/Specialty

OR, Other safety responsibilities, complex incident investigation, etc

MEMBER REFERRALS: For FULL or ASSOCIATE membership, TWO Names 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	<input type="text"/>	Date	<input type="text"/>	Member Number	<input type="text"/>	Sign	<input type="text"/>
Name	<input type="text"/>	Date	<input type="text"/>	Member Number	<input type="text"/>	Sign	<input type="text"/>

I, being the person named in the field below, certify that the information contained in this application and any attached documents is correct. I agree that if accepted to membership, I will comply with the Bylaws and Code of Ethics of The International Society of Air Safety Investigators. Further, I also agree that if for any cause my membership in The International Society of Air Safety Investigators shall terminate, my rights, title and interest in or to The International Society of Air Safety Investigators shall cease. I understand that the cost of my annual subscription to forum, the official publication of The International Society of Air Safety Investigators, is included in my annual dues.

I understand that the Membership Committee, authorised by the International Council, 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 the Society without my permission.

Person joining Date Sign

DD/MM/YYYY

PAYMENT DETAILS

Member, Associate of Affiliate: \$160.00 (Australian)
 (Annual Dues \$80.00 and one-time application processing fee of \$80.00)
 Student Member: \$90.00 (Australian)
 (Annual Dues \$50.00 and one-time application processing fee of \$40.00)

Cheque MasterCard Visa

Name on the Card Card Number Expiry Date Amount \$

Please make cheques payable to ASASI and post to PO Box 399, Bowral, NSW, 2576.

MM/YY

Do not write in this space. NATIONAL SOCIETY MEMBERSHIP COMMITTEE

Date	<input type="text"/>	Action	<input type="text"/>	Signed	<input type="text"/>
Date	<input type="text"/>	Action	<input type="text"/>	Signed	<input type="text"/>

ADDITIONAL EMPLOYMENT DETAILS. *Use as necessary.*

Employer's Name Address Phone

Did your position involve Aircraft Accident Investigation?

Your title or position Date From Date To

List of investigations or safety promotion activities

Employer's Name Address Phone

Did your position involve Aircraft Accident Investigation?

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ADDITIONAL EDUCATION/DEGREE DETAILS.

Date Location Course Result

Date Location Course Result

ADDITIONAL INVESTIGATION DETAILS.

Investigation in which you investigated

Date Location Make/Model of Acft

Whom represented Capacity/Specialty

OR, Other safety responsibilities, complex incident investigation, etc

Investigation in which you investigated

Date Location Make/Model of Acft

Whom represented Capacity/Specialty

OR, Other safety responsibilities, complex incident investigation, etc

Investigation in which you investigated

Date Location Make/Model of Acft

Whom represented Capacity/Specialty

OR, Other safety responsibilities, complex incident investigation, etc

ADDITIONAL INFORMATION THAT MAY ASSIST WITH YOUR APPLICATION.