



Application for Individual Membership

I am applying for the following membership classification:

ISASI No. (Office use only) Rev. 18-05

MEMBER ASSOCIATE MEMBER AFFILIATE MEMBER STUDENT MEMBER

Please Print or Type (Include a business card if available)

Mr. Mrs. Ms. Dr. Other _____

Name: _____ Date of Birth _____
Last First Middle Initial Month Day Year

Address: _____

Address: _____

City: _____ State, District, Province: _____

Country: _____ Zip/Postal _____ Code: _____

Home Phone: _____ Mobile: _____

Business Phone: _____
(If outside North America please include international country code).

Email: _____

Website: (Only if you want it listed) _____

Employment Record (Please list last two employers)

Present Employer's Name: _____

Address: _____

Job Title: _____

Employed From: _____ To: _____
Month Day Year Month Day Year

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

Previous Employer's Name: _____

Address: _____

Job Title: _____

Employed From: _____ To: _____
Month Day Year Month Day Year

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



**THE AUSTRALIAN SOCIETY OF
AIR SAFETY INVESTIGATORS**

Affiliated with The International Society of Air Safety Investigators

PO Box 399
Bowral NSW 2576
Australia

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.

If an applicant does not have access to ISASI members for a referral signature, any member can send an email endorsement to the ISASI office. If this is not possible, a resume must be submitted with the application.

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

Recommended by:

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

Signature: _____ Date: _____
Month Day Year

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

Signature: _____ Date: _____
Month Day Year

If applying for Student membership, please include the following:

Name of Institution: _____

Name of Professor: _____ Signature of Professor: _____



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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 payment as follows:

- 1. Payment by Bank transfer to:**
ASASI St George Bank Canberra
BSB: 112-908 Account: 050115113
Please quote your Name
- 2. Cheque, payable to ASASI, mailed to:**
ASASI Secretary
PO Box 399
Bowral NSW 2576
- 3. Payment by Credit Card:**
Card type:
Card number:
Name on card:
Expiry (mm/yyyy):
Security code (CVV):

Email form to: asasiexecutive@gmail.com

Member, Associate of Affiliate: \$180.00 (Australian)
(Annual Dues \$100.00 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)



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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: _____