



## Application for Individual Membership

I am applying for the following membership classification:

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



## 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: \_\_\_\_\_



**THE AUSTRALIAN SOCIETY OF  
AIR SAFETY INVESTIGATORS**

*Affiliated with The International Society of Air Safety Investigators*

PO Box 399  
Bowral NSW 2576  
Australia

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](mailto:asasiexecutive@gmail.com)

**Member, Associate or Affiliate: \$180.00 (Australian)**  
(Annual Dues \$120.00 and one-time application processing fee of \$60.00)

**Student Member: \$70.00 (Australian)**  
(Annual Dues \$40.00 and one-time application processing fee of \$30.00)



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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.**

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**National Society**

Action: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_  
Month Day Year

**Member Committee-International Council**

Action: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_  
Month Day Year

Date Paid: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Website Password: \_\_\_\_\_