



**INTERNATIONAL SOCIETY OF  
AIR SAFETY INVESTIGATORS**

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

**Application for Corporate Membership**

ISASI No. \_\_\_\_\_  
(Office use only) Rev. 10/19

**Please Print or Type**

Referred By: \_\_\_\_\_

Corporate Name: \_\_\_\_\_  
*List the name above that you would like on the corporate plaque*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State, District, Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mr. Mrs. Ms. Dr. Other \_\_\_\_\_

Primary Representative Name: \_\_\_\_\_  
Last First MI

Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mr. Mrs. Ms. Dr. Other \_\_\_\_\_

Alternate Representative Name: \_\_\_\_\_  
Last First MI

Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Website:** *(To be listed on the website, please email your logo (JPG, GIF, PNG, EPS, etc.) along with your website address to: [isasi@erols.com](mailto:isasi@erols.com))*

**Please provide a brief statement of corporation's involvement in aviation safety.**

I, the undersigned, certify that the information contained in this application and any attached documentation is correct. I agree that if elected to Corporate 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 Corporate Membership in ISASI is terminated, my rights, title and interest in or to ISASI shall cease.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Application for Corporate Membership (Continued)

### Payment Options

Please include check payable to ISASI in US currency sent to the address listed at the top of the page, or complete the credit card information below:

Corporate Membership: \$600 (Includes annual dues of \$500 and one-time application processing fee of \$100).

Please charge my:   

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Card Holder: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Signature (Required): \_\_\_\_\_

Automatic Yearly Charge Authorization: Yes \_\_\_ No \_\_\_

To be invoiced please contact the international office at: [isasi@erols.com](mailto:isasi@erols.com)

Forum Magazine: Hard Copy: \_\_\_ Digital Copy \_\_\_

**Optional:  
Attach Business Card/  
Copy of Business Card Here**

By clicking agree, I confirm that the information shown above is correct and that I am providing my signature as authorization for payment.

If printing, return copy of form via email to [ann.schull@isasi.org](mailto:ann.schull@isasi.org)