



MISSION SAFETY INTERNATIONAL

DEDICATED TO SAFETY AS A WAY OF LIFE

Organizational Membership Application

1. _____, being a Christian organization/ministry involved in aviation and affirming commitment to the evangelical Christian faith, hereby applies for membership.

It is understood that as members we are expected to:

- a) Pay annual membership fee as specified.
- b) Make safe operations a formal goal of our organization/ministry.
- c) Require our personnel to report accidents and incidents to MSI as soon as possible.
- d) Encourage our personnel to send "Share Your Experience" (incidents, close calls, etc.) reports to MSI.
- e) Develop, maintain and enforce compliance with an Aviation Operations Manual.

2. We also understand that MSI will provide us with safety services such as:

- a) Newsletters
- b) Access to the "Members Only" section of our website
- c) Maintenance safety information
- d) Flight safety information
- e) Safety motivation and encouragement
- f) Accident, Incident, and "Share Your Experience" summaries (de-identified)
- g) Safety Audits*
- h) Safety Seminars*
- I) Accident investigation assistance*
- j) Assistance in developing an Operations Manual
- k) A Safety Certification Program

**May require additional sharing of expenses*

3. Signed _____ Date ____/____/____
Authorized Representative

4. Please attach your membership fee for the first year of \$_____ (*see accompanying fee calculation form*).

Make checks in U.S. funds payable to:

Mission Safety International
328 E Elk Ave Ste. #1
Elizabethton, TN 37643-3351

A Ministry To Those Who Minister

328 E Elk Ave Ste. #1, Elizabethton, TN 37643-3351 USA - Phone (423) 542-8892 Fax (423)542-5464

Mission Safety International

ORGANIZATIONAL MEMBERSHIP FEE CALCULATION

For Year _____

The annual MSI membership fee is \$1.25 USD per flight hour (first 5,000 hours, then \$.25 per flight hour over 5,000 hours) that your aircraft flew in the past 12 months (\$250 minimum). The fee is due in **January**.

Name of Organization: _____

Address: _____

E-Mail _____

Hours your aircraft flew in the past 12 months,

Up to 5,000: _____ x \$1.25 = _____ (\$250.00 minimum)

Over 5,000: _____ x \$0.25 = _____

Total Membership Fee Due = _____

Please provide the following:

1. Post office and E-Mail address list for all individuals who you wish to receive MSI safety mailings.
2. Please provide us with a list of your aircraft by make and model for our statistical records.
3. Please provide us with copies of any aircraft accidents, incidents, mishaps, or SYE's (Share Your Experience) reports you have had during the past year for our statistical records. Also advise us as soon as possible of any you incur in the upcoming year.

Note: Item 1 is needed now for member mailings. Items 2 & 3 can be sent later.