



CHECK ONE

MEMBER \_\_\_\_\_ ASSOCIATE MEMBER \_\_\_\_\_



# INDIANA ASSOCIATION OF CERTIFIED ACCIDENT INVESTIGATORS

**P. O. BOX 346 GREENWOOD, INDIANA 46142**

**Dedicated to Professionalism**

ASSOCIATION TX # (317) 535-5783

FAX # (317) 535-0899

Please type or print.

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

NAME \_\_\_\_\_ TX (W) \_\_\_\_\_ (H) \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RANK \_\_\_\_\_ YEARS ON DEPARTMENT \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ Pager \_\_\_\_\_

**NOTE:** IF YOU WANT YOUR PAPERS SENT TO YOUR HOME CHECK HERE \_\_\_\_\_

CHECK AREA THAT APPLIES TO YOU.

AT-SCENE \_\_\_ TECHNICAL \_\_\_ RECONSTRUCTION \_\_\_ ASSOC. \_\_\_

\_\_\_\_\_  
NAME OF INSTITUTION YOU ATTENDED FOR YOUR TRAINING

\_\_\_\_\_  
ADDRESS OF INSTITUTION.

\_\_\_\_\_  
YEAR YOU ATTENDED.

(YOU MUST SEND A COPY OF YOUR CERTIFICATE ALONG WITH THIS APPLICATION.)

ASSOCIATE MEMBERS ONLY NEED TO SEND MEMBERSHIP DUES FOR MEMBERSHIP.

**ACTIVE MEMBERSHIP \$35.00 PER YEAR    ASSOCIATE MEMBERSHIP \$45.00 PER YEAR**