



CHECK ONE

MEMBER _____ ASSOCIATE MEMBER _____



INDIANA ASSOCIATION OF CERTIFIED ACCIDENT INVESTIGATORS

P. O. BOX 1566 WARSAW, INDIANA 46581-1566

Dedicated to Professionalism

ASSOCIATION TX # (574) 372-9520

FAX # (574) 267-3613

Please type or print.

DATE: _____

NAME _____ TX (W) _____ (H) _____

DEPT _____ DEPT ADDRESS _____

CITY _____ STATE _____ ZIP _____

RANK _____ YEARS ON DEPARTMENT _____

HOME ADDRESS _____

E-MAIL ADDRESS _____ CELL TX _____

NOTE: IF YOU WANT ASSOC. INFO SENT TO YOUR HOME CHECK HERE _____

CHECK LEVEL 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