



2019 Membership Application/Renewal

INVOICE

Invoice Date: December 20, 2018

Due Date: January 31, 2019



Mail to:

**INDIANA ASSOCIATION OF CERTIFIED ACCIDENT INVESTIGATORS
P. O. BOX 1566 WARSAW, INDIANA 46581-1566**

Check One:

Check Status:

- ACTIVE MEMBER **\$35.00 per year**** (Active or Retired law enforcement) ACTIVE RETIRED
 ASSOCIATE MEMBER **\$45.00 per year** (Non law enforcement with A.I./Recon experience)

**** RECEIVE A \$10.00 DISCOUNT FOR EVERY NEW PAID MEMBER SUBMITTED WITH THIS RENEWAL APPLICATION (UP TO 2).
SUBMIT 3 NEW PAID MEMBER APPLICATIONS WITH THIS RENEWAL AND RECEIVE A FREE 2019 MEMBERSHIP!

Initial ACTIVE MEMBER applications must be accompanied with certificates from the institution you received your AI/Recon training

Please complete:

Please type or print clearly:

Name: _____

Department/Agency: _____

Dept/Agency Address: _____

City: _____ State: _____ ZIP: _____

TX: (H) _____ (W) _____ (C) _____

Primary E-Mail: _____ Alt E-Mail: _____

Training Officer E-Mail: _____

CHECK HERE and complete Home Address info below if you want IACAI mail sent to your HOME

Home Address: _____

City: _____ State: _____ ZIP: _____

Please check the investigation level that applies to you:

- AT-SCENE TECHNICAL RECONSTRUCTION ASSOC.

Please list any specialties in crash investigation that you hold (i.e. CDR Analyst, ACTAR Cert #, etc):

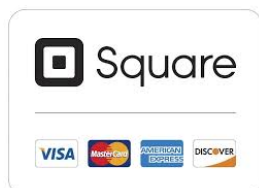
Please check if this applies to you:

- Testified as an EXPERT in crash investigation or reconstruction
 LETB certified instructor and would be willing to instruct

*Please make checks payable to:
Indiana Association of Certified Accident Investigators or I.A.C.A.I.*

To Pay by Credit/Debit Card you MUST complete ALL the information below

NOTE: A \$2.00 transaction fee will be charged



Complete card number: _____

Expiration Date: _____ Security CVV Code: _____

Billing Zip Code: _____

A receipt will be emailed to the primary email listed above

Square requires ALL of the above information for transactions (will be entered manually)

DEDICATED TO PROFESSIONALISM

TX # (574) 527-0911 ~ EMAIL IndianalACAI@gmail.com ~ FACEBOOK www.facebook.com/IACAI

PLEASE RETURN A COPY OF THIS INVOICE WITH PAYMENT