



2020 Membership Application/Renewal

# INVOICE

Invoice Date: December 13, 2019

Due Date: January 31, 2020



*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)

*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.**

**PLEASE RETURN A COPY OF THIS INVOICE WITH PAYMENT**

IACAI is a proud sponsor of WREX 2023 April 17-21, 2023



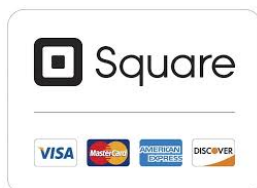
**DEDICATED TO PROFESSIONALISM**

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

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**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)*