

2018 Membership Renewal

INVOICE

Invoice Date: December 15, 2017

Due Date: January 31, 2018



Mail to:

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

Check One:

- | | |
|---|----------------------------------|
| <input type="checkbox"/> MEMBER \$35.00 per year (Active or retired law enforcement) | <input type="checkbox"/> ACTIVE |
| <input type="checkbox"/> ASSOCIATE MEMBER \$45.00 per year (Non law enforcement) | <input type="checkbox"/> RETIRED |

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.

****NEW 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 FAX # (574) 372-5136**

PLEASE RETURN A COPY OF THIS INVOICE WITH PAYMENT