

# IAARS Membership Application

Name	Last	First			MI	
Home Address	Street			PO Box		
	City		State	Zip Code		
Business Address	Business Name					
	Business Address					
	City		State	Zip Code		
Send correspondence to <span style="margin-left: 100px;">Business</span> <span style="margin-left: 100px;">Home</span>						
10-year history of employment (attach sheet if necessary or CV)	Employer	Address	Title	From/to	Reason for leaving	
Crash Reconstruction Courses Attended	College/University/Other	Address	Course		Date Attended	
Your email address:						
Testified in Court as an Expert Witness	Yes	No	Number of times:			
If yes, please fill in this information (last two only)	Date	Case Name		Select one		Jurisdiction
				Criminal	Civil	
				Criminal	Civil	
Status applying for	Member		Diplomate		Fellow	
<p>By signing below I am applying for membership in the International Association of Accident Reconstruction Specialists (IAARS) for the status indicated above. I certify that the above information is true, correct, and complete to the best of my knowledge. In addition, I hereby authorize IAARS, through its representatives, to verify any information provided by me.</p>						
<b>Signed:</b>			<b>Date:</b>			