



CALIFORNIA ASSOCIATION OF ACCIDENT RECONSTRUCTION SPECIALISTS

MEMBERSHIP APPLICATION

This information will be used for mailing and other communication purposes

PERSONAL INFORMATION (PLEASE PRINT LEGIBLY)

NAME	RANK
DEPT./BUS.	
DIVISION	
ADDRESS (NUMBER, STREET)	
ADDRESS (CITY, STATE, ZIP)	
PHONE NUMBER () - ext.	FAX NUMBER () -
E-MAIL ADDRESS	
WEBSITE	

Please REMOVE my Agency/Business when mailing information.

I request a hardcopy of the newsletter be sent to me via U.S. mail instead of viewing it via the website. ** \$10 annual fee required to cover postage and printing costs.

I authorize the above information to be disclosed to all members of CA²RS. Yes No

ACTAR Accredited, ACTAR Number _____

Member of: ARC Network NAPARS PSFM SAE SATAI WATAI

Other; please list _____

NOTE: FOR MAGAZINE SUBSCRIPTIONS PLEASE SUBMIT A SEPARATE CHECK MADE PAYABLE TO CAARS

I wish to subscribe to Accident Reconstruction Journal for \$36 a year (a \$13 savings)

Collision Magazine subscriptions are \$129 a year (a \$10 savings) and are made directly through Collision Publishing (www.collisionpublishing.com)

Please attach your resume or provide two CA²RS members as references.

REFERENCES

This information will be kept confidential by the Board of Directors.

NAME	PHONE NUMBER () - ext.
ADDRESS (NUMBER, STREET)	
ADDRESS (CITY, STATE, ZIP)	
NAME	PHONE NUMBER () - ext.
ADDRESS (NUMBER, STREET)	
ADDRESS (CITY, STATE, ZIP)	

The CA²RS fiscal year begins on July 1 and ends on June 30 of each year. New applications received between April 1 and June 30 will be valid through the entire upcoming fiscal year. Members in good standing will receive a Dues Notice via mail or e-mail approximately two months prior to the end of each fiscal year. Details regarding new and renewing memberships are provided on the CA²RS website.

I agree to honor the CA²RS by-laws, available on the CA²RS web site, upon acceptance as a member.

In order to complete your application and allow you access to our "Member Only" area on the CA²RS web site, we need you to supply us with the following (both are case sensitive):

User ID: _____ Password: _____
(Allow 7-10 working days before your access is granted.)

I have read and understand the above statements.

SIGNATURE _____

DATE _____

Application and **\$50 total initial fee** (\$10 application fee + \$40 first year membership) plus additional fees for AR Journal subscription or hard copy newsletter may be given to a CA²RS board member or administrative staff at a quarterly meeting, or submit to:

**CA²RS Headquarters
P.O. Box 53536
San Jose, CA 95153**

Make checks payable to: California Association of Accident Reconstruction Specialists or CA²RS.
If you have questions, call 408-828-9386 or e-mail at membership@ca2rs.com.

Please indicate your method of payment for membership:

Check # _____ Cash

Please indicate your method of payment for magazine subscriptions:

Check # _____ Cash

I am interested in volunteering in the following areas:

- Secretary Treasurer
 Newsletter Committee Membership Committee
 Hosting a meeting Conference Planning
 Please contact me if/when the above checked areas need assistance.

BOARD OF DIRECTORS ACTION

References Checked

① _____

② _____

APPROVED
Receipt # _____
 REJECTED
Date: _____
Check# _____
Refund Date

VERIFIED BY: _____ DATE: _____