



Mail Completed Form To:

**SATAI
PO 3666
Phoenix, Arizona 85030**

Please write legibly within the shaded fields

<i>Last Name</i>		<i>First Name</i>	
		<i>M.I.</i>	
<i>Mailing Address (Street or P.O. Box)</i>			
<i>City</i>		<i>State</i>	<i>Zip Code</i>
() <i>ext.</i>		()	
<i>Work Phone</i>		<i>Home Phone</i>	
<i>Occupation</i>		<i>Select a Password for the SATAI Members Area on the website (Your ID will be sent to you)</i>	
<i>Company</i>			
<i>ACTAR #</i>		<i>Email Address</i>	
<i>SKILL SET INVENTORY (CHECK ALL THAT YOU USE OR HAVE EXPERIENCE WITH)</i>			
<input type="radio"/> AI Tools	<input type="radio"/> PC Crash	<input type="radio"/> Map Scenes	<input type="radio"/> iWitness
<input type="radio"/> AR PRO	<input type="radio"/> Visual Statement	<input type="radio"/> EOS Photomodeler	<input type="radio"/> Total Station
<input type="radio"/> HVE	<input type="radio"/> ATB	<input type="radio"/> Drive3	<input type="radio"/> Vetronix CDR
<input type="radio"/> MSMAC	<input type="radio"/> Madymo	<input type="radio"/> CadZone	<input type="radio"/> Other
<i>If you selected "Other", please write in the name of the product(s):</i>			
<i>Applicant Signature</i>		<i>Date</i>	

To assist the Membership Committee in assessing your qualifications, please attach a resume detailing your training and experience in the area of accident investigation, basic and advanced. Please include any information that would be of benefit in establishing your level of expertise. This may include but is not limited to training in related areas, degrees, seminars attended, teaching, testing performed and experience. The resume need not be formal but should be as detailed as possible.

Submit this application together with a complete resume and the yearly dues of \$90.00 to the above address. After review by the Membership Committee, you will be notified of your membership status.