



Mail Completed Form To:
SATAI
PO Box 51824
Phoenix, Arizona 85076-1824

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>Home Phone</i>	
<i>Occupation</i>		
<i>Company</i>		
<i>ACTAR #</i>	<i>Email Address</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 \$115.00 to the above address. After review by the Membership Committee, you will be notified of your membership status.

Your ID and temporary password will be sent to you at the email address listed above. At that time, you will be able to log into the Members-Only area of www.satai.com.