

Washington Association of Technical Accident Investigators



Membership Application

* Please Print Legibly *

Sponsor (Current WATAI Member):		ACTAR # (if applicable):	
Name:		Date of Birth:	
Address:			
City:	State:	Zip:	
Home Phone (10-digit number):		Work Phone (10-digit number):	
E-mail Address:			
Agency/Company:			Title:
Length of Employment:			

Accident Investigation Courses Completed (Use additional pages if needed):

College/University/Other	Location	Course	Date

I hereby make application for membership into the Washington Association of Technical Accident Investigators (W.A.T.A.I.). I understand by submitting this application and the \$20.00 non-refundable processing fee that there is no guarantee that I will be accepted as a member.

Membership Type (select one)

Please attach a detailed resume, copies of certificates, and the yearly dues as indicated below.

<input type="checkbox"/>	Individual	\$60 plus a one-time \$20 processing fee (\$80 total).
<input type="checkbox"/>	Corporate/Group	\$50 per person plus a one-time \$20 processing fee (Total number of persons x \$50 + \$20)

Mail to: WATAI PO Box 50545, Bellevue, WA 98015

Email to: treasurer@watai.ws

Note: To pay fees electronically, please contact the WATAI Treasurer at treasurer@watai.ws

I do make notice that the information listed in the application is true and correct to the best of my knowledge. I do authorize the Washington Association of Technical Accident Investigators, or its representatives, to verify this information.

If I am accepted as a member, I agree to abide by the Code of Ethics as established by W.A.T.A.I.

Signature: _____

Date: _____

For WATAI Office Use Only:

Date Received:		Processing Fee received:	
Dues Received:	Check No:	Cash:	
Regular Member:	Associate Member:	Corporate Member:	
Other:			