

THE INSTITUTE OF TRAFFIC ACCIDENT INVESTIGATORS

APPLICATION FORM FOR

AFFILIATE

MEMBERSHIP



NOTE: COMPLETED FORM TO BE RETURNED TO

The Institute of Traffic Accident Investigators
 Column House,
 London Road,
 Shrewsbury
 SY2 6NN

NOTE: SEPARATE FORMS ARE AVAILABLE FOR USE BY THOSE APPLYING FOR TRANSFER TO FULL MEMBERSHIP

PART A – PERSONAL DETAILS TO BE COMPLETED BY ALL APPLICANTS (IN BLOCK CAPITALS)

SURNAME: FORENAME(S)

TITLE: QUALIFICATION LETTERS: DATE OF BIRTH

ADDRESS:

.....

..... COUNTRY: POST/ZIP CODE:

OCCUPATION (IF POLICE, WHICH FORCE)

TEL (H) TEL (B) FAX:

MOBILE WEB ADDRESS

E-mail: EMPLOYER

MEMBERSHIP OF OTHER RELEVANT PROFESSIONAL BODIES

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ACCIDENT INVESTIGATION INTERESTS / EXPERIENCE

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PART B - I HEREBY APPLY FOR AFFILIATE MEMBERSHIP

I UNDERTAKE: -

1. TO OBSERVE THE PROVISIONS OF THE MEMORANDUM AND ARTICLES OF ASSOCIATION AND ALL RULES MADE THEREUNDER
2. TO PAY TO THE INSTITUTE DURING MY MEMBERSHIP SUCH FEES AND ANNUAL SUBSCRIPTIONS AS THE COUNCIL SHALL FROM TIME TO TIME PRESCRIBE
3. NOT TO USE AFFILIATION AS A QUALIFICATION IN ANY CIRCUMSTANCES **Signed**

I enclose cheque in Sterling (Payable to ITAI) **in the sum of £.....** **Registration Fee + Affiliate's Annual Subscription**
 (See Separate Form 'Grades and Fees' for current fee rates)

I wish to pay by : (Please Tick) Master Card Visa Visa/Delta

Card No: Expiry Date Signed

N.B. A Surcharge of 5 % will be added for Credit Card Payments

OFFICIAL USE ONLY

DATE RECEIVED REG FEE £..... AFFIL FEE £..... MEMBER NO

PAID BY REGION OCC CAT.....

REMARKS.....

INITIALS