

# THE INSTITUTE OF TRAFFIC ACCIDENT INVESTIGATORS

APPLICATION FORM FOR

## ASSOCIATE

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 CODE: .....

OCCUPATION ..... (IF POLICE, WHICH FORCE) .....

TEL (H) ..... TEL (B) ..... FAX: .....

MOBILE ..... WEB ADDRESS .....

E-mail: ..... EMPLOYER .....

MEMBERSHIP OF OTHER RELEVANT PROFESSIONAL BODIES

.....

.....

ACCIDENT INVESTIGATION INTERESTS / EXPERIENCE

.....

.....

**PART B - I HEREBY APPLY FOR ASSOCIATE 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 + Associates'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 £..... ASSOC FEE £..... MEMBER NO .....

PAID BY ..... REGION ..... OCC CAT.....

REMARKS.....

INITIALS

.....

.....

.....