

THE INSTITUTE OF TRAFFIC ACCIDENT INVESTIGATORS

APPLICATION FORM FOR RETIRED STATUS MEMBERSHIP



NOTE: COMPLETED FORM TO BE RETURNED TO

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

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

MEMBERSHIP No:

SURNAME: FORENAME(S)

TITLE: QUALIFICATION LETTERS: DATE OF BIRTH

ADDRESS:

.....

..... COUNTRY: POSTCODE:

TEL (H) FAX:

MOBILE WEB ADDRESS

E-mail:

PART B - I HEREBY APPLY FOR RETIRED STATUS MEMBERSHIP (to commence at the next renewal date of my current membership)

I CONFIRM THAT I AM NOW RETIRED AND THAT I AM NO LONGER ACTIVELY INVOLVED IN
ACCIDENT INVESTIGATION / RECONSTRUCTION WORK.

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

IN ADDITION, I UNDERSTAND THAT AS A 'RETIRED' MEMBER OF THE INSTITUTE I WILL NO LONGER BE ENTITLED TO USE THE 'MITAI' QUALIFICATION IN ANY FORM WHATSOEVER.

Signed

I APPLY FOR :

Tick

Retired Status (£20.00 / annum)	<input type="checkbox"/>	Entitling me to receive 'CONTACT' and 'IMPACT' and entitling me to any discounted rates for Institute Events.
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I enclose cheque in Sterling (Payable to ITAI) in the sum of £.....

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 FEE £.....

RECORDS UP-DATED.....

INITIALS