

MICHIGAN ASSOCIATION OF TRAFFIC ACCIDENT INVESTIGATORS

5859 W. Saginaw Hwy #313
Lansing, Michigan 48917-2460
WWW.MATAI.US

MEMBERSHIP APPLICATION

Please submit the completed application for review by the Board. Your annual membership dues will be requested upon successful Board Approval. Membership dues are \$40 for all classifications with the exception of corporations which are \$105. Feel free to include a copy of your resume or any additional information you feel may assist the membership committee in determining membership classification for which you are eligible.

MEMBERSHIP CLASSIFICATION REQUESTED

Full Associate Corporate Reapplication

NAME (First MI Last): _____

RESIDENCE ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Cell Phone: _____

***EMAIL ADDRESS: _____

BUSINESS ADDRESS:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: () _____ ***EMAIL ADDRESS: _____

Title: _____

Position Description: _____

SEND CORRESPONDENCE TO: Residence Business

CONTINUING EDUCATION: Academy/College(s): _____ Degree(s): _____

Where: _____ Major/Minor: _____

Year: _____

Academy/College(s): _____ Degree(s): _____

Where: _____ Major/Minor: _____

Year: _____

HIGHEST ACCIDENT INVESTIGATION/ RECONSTRUCTION COURSE(S) SUCCESSFULLY COMPLETED:

Name of Course: _____

Where: _____

Year: _____ Hours: _____

Name of Course: _____

Where: _____

Year: _____ Hours: _____

PROFESSIONAL REFERENCES:

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

COMMENTS: (Use this space for any additional comments you may have. Use additional pages if necessary).

Waiver:

I hereby apply for membership in the Michigan Association of Traffic Accident Investigators (M.A.T.A.I). All information listed above is true and correct to the best of my knowledge.

I understand that there is no guarantee that I will be accepted into this organization. I am willing to provide further clarification as required by the Membership Committee.

I authorize M.A.T.A.I to make any necessary contacts to verify the information contained in my application. I also release all parties from any liability for any damage that may result from furnishing any information whether personal or confidential concerning this application. I also realize that discovery of false information will constitute grounds for disapproval of this application.

Applicant Signature

Date