



MEMBERSHIP QUALIFICATION REQUIREMENTS

FOR THE

MIDWEST ASSOCIATION OF TECHNICAL ACCIDENT INVESTIGATORS

1. Applicants must have successfully completed a recognized Technical Accident Investigation Course, or its equivalent.
2. OR, successfully completed an advanced Accident Investigation Course with at least one (1) year experience in the area of Accident Investigation, **and provide a copy of an investigation completed during that year**, to include a scaled diagram.

Please attach a detailed resume and/or additional information regarding your training and experience. Also, include a copy of the certificates of completion for any training listed on the application. Additional certificates for seminars and related activities are welcome.

I certify the attached information is true and correct to the best of my knowledge.
I authorize MATAI, through its representatives, to verify the information provided herein.

PRINTED NAME _____

SIGNATURE _____ DATE _____
MM/DD/YYYY

Annual dues of \$45.00 will be due at the beginning of each year following your initial payment to the membership website. No payment is due with this application.

Send Completed Application To:

MATAI
PO Box 153
Homer, NE 68030

An electronic version of this application is available at www.matai.org



APPLICATION FOR MEMBERSHIP

(Please Print)

The **Midwest Association of Technical Accident Investigators (MATAI)** was formed to provide a professional affiliation for individuals who have a primary interest in the technical aspects of motor vehicle traffic collisions. The **Association** is dedicated to the exchange of information and ideas to improve investigative techniques and procedures. In addition, **MATAI** will provide a communication source between other individuals and affiliations involved in this vital area of public safety. **MATAI's** primary objective is to meet the needs of the people directly involved in the initial investigative process.

NAME: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ Work/Business: _____

E-Mail: _____

Agency/Organization: _____

Position/Title: _____

Length of Employment: _____

Accident Investigation Courses Attended

Location	Course Title	Dates
At-Scene/Basic		
Advanced		
Technical		
Reconstruction		

Do You Hold Accreditation through ACTAR? _____ Accreditation Number: _____

Reserved for Application Committee