



# New York Statewide Traffic Accident Reconstruction Society, Inc.

PO Box 177, Mohegan Lake, NY 10547

## Membership Application

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DEPARTMENT/ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

POSITION: \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_\_

EDUCATIONAL BACKGROUND: (Attach copies of diplomas and, if needed, additional sheets)

SCHOOL NAME AND ADDRESS	DATES OF ATTENDANCE	DEGREE
High School		
College		
Other		

SPECIALIZED TRAINING: (ATTACH COPIES OF CERTIFICATIONS OF COMPLETION/ATTENDANCE)

COURSE TITLE	LOCATION	COURSE DATES
Basic Accident Investigation		
Intermediate Accident Investigation		
Technical Accident Investigation		
Advanced Accident Investigation		
Accident Reconstruction		

LIST OTHER ORGANIZATIONAL MEMBERSHIPS AND/OR PROFESSIONAL LICENSES HELD: (ATTACH COPIES OF MEMBERSHIP CERTIFICATES AND/OR LICENSES)

ORGANIZATION/LICENSE TYPE	OFFICE HELD	MEMBER/LIC. #	EXPIRATION DATE

**Application fee: \$45.00, \$70.00 for a digital subscription, or \$90.00 with a hard copy subscription to Accident Reconstruction Journal. Make checks payable to NYSTARS Inc.**

*ANY FALSE OR MISLEADING STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DENIAL OR TERMINATION OF MEMBERSHIP.*

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**Please print this application and send it along with all supporting documentation and a check to: NYSTARS, P.O. Box 177, Mohegan Lake, New York 10547**

FOR OFFICE USE ONLY For Office Use Only

-----

REV: 12/27/2020