



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 INCLUDING ACTAR #: (ATTACH COPIES OF MEMBERSHIP CERTIFICATES AND/OR LICENSES)

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

Dues Structure: Basic Membership \$45.00, Basic with digital subscription to ARJ \$70.00, or Basic with hard copy subscription to Accident Reconstruction Journal \$90.00. 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: 10/15/2022