



ARC Network Membership

Application Form

Basic, Gold or Platinum

The ARC Network
 PO BOX 3383
 Kirkland, WA 98083-3383
 Fax: (866) 966-7033
 Phone: (800) 280-7940

First Name:		Last Name:		Middle Initial:
Mailing Address:				
City:		State:		Zip:
Company/Dept.:				Title:
Email:			Web Site:	
Phone:		Fax:		Other:
ACTAR Accredited: YES NO		How did you hear about the ARC Network?		
Please choose a USERID & PASSWORD		USERID:		PASSWORD:

As a member of the ARC Network you have the choice of being listed in our Expert Witness Directory. If you would like to be listed in our Expert Witness Directory, please complete the information below. If not, you may skip to the "Payment Information" section of the form.

Service Area(s) – as a member of the ARC Network can be listed in two (2) states at no additional charge. You can list as many additional states as you like that will be associated with your expert listing. Each additional state is \$5. These states are used as key words in the ARC Network Expert Search Engine.

Please list me in the following states:

1.	2.	3.
4.	5.	6.
7.	8.	9.

Specialties – as a member of the ARC Network you can list up to eight specialties associated with your expert listing. These are keywords that help professionals locate your special services in the ARC Network Expert Directory. (examples: biomechanics, ACTAR, commercial vehicles, CDR, bicycles, pedestrians, fire origin, engineering, etc.)

1.	2.	3.	4.
5.	6.	7.	8.

Please EMAIL a current copy of your CV, a short bio and an electronic photo of yourself (or your company logo). This will be used to enhance your expert listing. Email address: arc@accidentreconstruction.com

Payment Information

Annual Dues (\$79-Basic; \$149-Gold; \$399 Platinum)	\$
Additional States: qty (_____) X \$5 =	\$
Setup Fees (\$10-Basic; \$25-Gold; \$100-Platinum)	
Total	\$

Pay By Check:	Check #	Amount:
Pay By Credit Card:	VISA	MasterCard
Credit Card #	Exp. Date:	
Billing Address:		
City/State:	Zip:	

Instructions:

Mail or FAX (866-966-7033) this membership application along with the above information and your yearly dues to the ARC Network (our address is located in upper right corner).

I certify all the above information is true, correct and complete to the best of my knowledge. I authorize the ARC Network to verify the above information and charge my credit card (if paying by credit card).

_____ (signature)

_____ (date)