



# ARC Network Membership

## Application Form Police Department

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:
Department:		Title:
Email:		Web Site:
Phone:	Fax:	Other:
ACTAR Accredited: YES NO	<b>How did you hear about the ARC Network?</b>	
<b>Please choose a USERID &amp; PASSWORD</b>	USERID:	PASSWORD:

### Payment Information

<b>Annual Dues:</b>	\$175.00
<b>Setup Fee:</b>	\$50
<b>Total</b>	<b>\$225.00</b>

<b>Pay By Checkor P.O.:</b>	Check/PO#	Amount:
<b>Pay By Credit Card:</b>	VISA	MasterCard
Credit Card #	Exp. Date:	
Billing Address:		
City/State:	Zip:	

**Federal Tax ID:** 83-0374996

**Business Name:** ARC Network, LLC

### 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).

#### Please also email ([arc@accidentreconstruction.com](mailto:arc@accidentreconstruction.com)):

- Short description of your department's responsibilities
- List of current team members
- Electronic graphic of your departments logo or patch
- Any other information you would like to be included in your listing (history, mission statement, etc.)

*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)