

## W.A.T.A.I. - MEMBERSHIP APPLICATION

Sponsor:		
Name:		Date of Birth:
Address:		
City:	State:	Zip:
Home Phone: (____)		Work Phone: (____)
E-mail Address:		
Agency/Company:		Title:
Length of Employment:		

**Accident Investigation Courses Completed: (Use additional pages if needed)**

College/University/Other	Location	Course	Date

For corporate and/or group rates contact WATAI via email at [info@watai.ws](mailto:info@watai.ws)

I hereby make application for membership into the Washington Association of Technical Accident Investigators (W.A.T.A.I.). I understand by submitting this application and the **\$20.00 non-refundable processing fee** that there is no guarantee that I will be accepted as a member.

I do make notice that the information listed in the application is true and correct to the best of my knowledge. I do authorize the Washington Association of Technical Accident Investigators, or its representatives, to verify this information.

If I am accepted as a member, I agree to abide by the Code of Ethics as established by W.A.T.A.I.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach a detailed resume, copies of certificates, and the yearly dues of \$50 plus \$20 processing fee. (Total \$70.) Mail to:**

**WATAI PO Box 70211, Bellevue, WA 98005**

*For Office Use Only:*

Date Received:		Processing Fee Received:
Dues Received:	Check No.:	Cash:
Regular Member:		Associate Member:
Other:		