



Canadian Association of Technical Accident Investigators & Reconstructionists

MEMBERSHIP RENEWAL (Expires Jan 1, 2025)

First Name: _____ Last Name: _____

Information Same as Last Year:

Is this your work or home address: Work Home

Business Name: _____

Mailing Address: _____ City: _____

Prov/State/Country: _____ Postal/Zip Code: _____

Business phone #: _____ Fax #: _____

Home phone #: _____ Cell #: _____

E mail address: _____

2024 Membership fee	\$ 75.00	<input type="checkbox"/>
Impact Paper Subscription (3 issues)	\$ 55.00	<input type="checkbox"/>
Impact Electronic Subscription (3 issues)	\$ 20.00	<input type="checkbox"/>
Total Amount Due This Invoice (payable in Canadian funds)	\$ _____	

Membership includes the online *Accident Reconstruction Journal* publication (*subscription information on page 2*)

DISCLOSURE AND CONSENT (*for more information see page 2*)

I want to receive email notifications regarding services that are provided directly by CATAIR (Annual General Meetings, elections, renewal notification, training and conferences) Yes No

I agree to have my profile listed on the online CATAIR member listing (Displayed to other logged in members on the CATAIR website's Member Listing) Yes No

I agree to have my contact information disclosed to my Regional Chapter (If by mail or email, CATAIR will provide your contact information to your Chapter) Mail Email No

I want to receive the electronic Accident Reconstruction Journal by email (Your name and email address will be shared with the publisher) Yes No

I want to receive email regarding information/events offered by other organizations (CATAIR will email you information regarding 3rd party providers (seminars, publishers, educational material, etc.) CATAIR will NOT provide members' personal information to other 3rd party organizations) Yes No

RENEWAL PAYMENT OPTIONS
Due December 31, 2024

ONLINE: You can conduct your renewal and payment on the secure area of the CATAIR website. Log in after November 1st to complete your online renewal application.

BY MAIL: **Please return this form with your payment to:**
Terry Lolacher
8426 94 Ave
Fort Saskatchewan AB T8L 2R6 Canada

CHEQUE Payable to CATAIR, *in Canadian funds*

CREDIT CARD* Visa MasterCard American Express

Card # _____ - _____ - _____ - _____

Exp. Date _____ / _____

Signature _____
(I authorize CATAIR to charge my account for the fee as indicated.)

Name _____
(Please print name)

Do not email documents that contain credit card information

DISCLOSURE AND CONSENT INFORMATION

Once your application has been approved, login at www.catair.ne to review/change your personal information and disclosure preferences. Go to **Members Only > Profile** and to the **Privacy Preferences** section. Click the **here** link for additional information about disclosure and consent settings.

Please note that if you select **NO** to any of the consent preferences, due to timing issues, you may not receive all event/course information by mail. Events information will be posted on the CATAIR website.

ACCIDENT RECONSTRUCTION JOURNAL SUBSCRIPTION

Your membership includes access to the electronic publication of the **ACCIDENT RECONSTRUCTION JOURNAL** and issues are available on the CATAIR website.

Due to failing demand for hard copies and an increased demand for digital copies, the *Accident Reconstruction Journal* will be published in digital format (pdf) only starting with the January/February 2024.