



Canadian Association of Technical Accident Investigators & Reconstructionists

MEMBERSHIP RENEWAL (Expires Jan 1, 2026)

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: _____

2025 Membership fee	\$ 95.00	<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* is only published in digital format (PDF).