



**Texas Association of Accident Reconstruction Specialists**

**Membership Application Form**

(Last name: \_\_\_\_\_, (DOB) \_\_\_\_\_

(First name) \_\_\_\_\_ (MNI) \_\_\_\_\_

(Home address ) \_\_\_\_\_

(City) \_\_\_\_\_ (st) \_\_\_\_\_ (zip) \_\_\_\_\_

(Home ph #)(\_\_\_\_\_) \_\_\_\_\_ (Work ph#)(\_\_\_\_\_) \_\_\_\_\_

(Fax #)(\_\_\_\_\_) \_\_\_\_\_

(Employer's name and address) \_\_\_\_\_  
\_\_\_\_\_

(your e-mail address) \_\_\_\_\_

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Send my mail to:  My home address  My business address

I am applying for:  REGULAR MEMBERSHIP STATUS  ASSOCIATE MEMBERSHIP STATUS

**Regular membership:** Shall be granted only after submission of membership application with all required attachments and upon approval by the Board of Governors. One-time, Non-refundable Processing Fee: \$15.00 Annual Dues: \$25.00

**Associate membership:** Shall be granted to individuals who have a primary or secondary interest in transportation accident reconstruction and who wish to support the goals and objectives of this organization. Associate members have no voting rights. One-time Processing Fee: \$10.00 Annual Dues: \$25.00

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REGULAR MEMBERSHIP QUALIFYING INFORMATION

1. Have you completed a prescribed curriculum of accident reconstruction?  Yes  No

2. If Yes, list the date of attendance, name of school, city and state, and **ATTACH** a copy of your certificate of successful completion of the course.

3. If NO: (a) how did you gain your knowledge; and, (b) are any of TAARS' members familiar with your work? (Use an additional page if necessary.)

4. Are you:

(a) ACTAR Accredited?  Yes  No

(b) A Reconstructionist Grade member of SOAR?  Yes  No

(c) A member of any other accident reconstruction organization?  Yes  No

(d) If you answered YES to any of the above, please **ATTACH** a copy of your certificate.

5. Have you testified in criminal or civil procedures using accident reconstruction methodology?  Yes  No

If YES, how many times and what methods did you use? (Use an additional page if necessary.)

6. If the Membership Committee requests:

(a) Would you be willing to be tested, at a place near you, using accident reconstruction methodology?  Yes  No

(b) Would you be willing to submit at least two case files of your reconstruction work?  Yes  No

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TAARS attempts to furnish each member with a current roster annually. TAARS does not, knowingly, distribute its membership roster to any person or organization to be used for solicitation of business or retail purposes. However, from time to time, businesses or companies request a roster from which they may select a member to be retained as a consultant or expert in a particular field of accident reconstruction. TAARS does not qualify, certify or make recommendations for any member to fill any position. TAARS will make available to these entities, upon request, a list of members who specifically request to be included on such a roster.

\*\*\*  Please include my name on a list of members available for consultation.

\*\*\*  DO NOT include my name on a list of members available for consultation.

\*\*\* SIGNATURE REQUIRED: \_\_\_\_\_

DATE: \_\_\_\_\_

\*\*\*\*\*

PAYMENT BY:  Check  Credit Card  Cash (mailing of cash is discouraged)

Total Enclosed: Processing Fee (\$10 or \$15)\$ \_\_\_\_\_ + \_\_\_\_ Years Dues @ \$25/year =  
\_\_\_\_\_

Charge to my:  Discover  MasterCard  VISA

Card #: \_\_\_\_\_

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

Name as it appears on card, please print:

\_\_\_\_\_

Authorizing Signature:

\_\_\_\_\_

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To expedite processing of this application, mail it directly to:

Michael Yosko, TAARS' Secretary, 605 south Washington st Fredericksburg, TX 77619

Home: (409) 963-3146

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FOR MEMBERSHIP COMMITTEE USE:

Date(s) of consideration: \_\_\_\_\_

Recommended for:  Regular Membership  Associate Membership

Needs add'l documentation: \_\_\_\_\_

Chairman's Signature:

\_\_\_\_\_

**Texas Association of Accident Reconstruction Specialists**  
**Release of Liability Form**

(After this page completely loads, use your PRINT key to make a copy. Complete, sign and return with the application form.)

This release is executed by \_\_\_\_\_, of the City of \_\_\_\_\_, State of \_\_\_\_\_, hereinafter referred to as "releasor."

In consideration of being permitted to be present at and/or participate in any accident investigation or accident reconstruction testing or other related activities conducted by the Texas Association of Accident Reconstruction Specialists, releasor hereby releases, discharges, and covenants not to sue the Texas Association of Accident Reconstruction Specialists, its Board of Governors, officers, and members, all referred to herein as "releasees," from all liability to releasor and to releasor's personal representatives, assigns, heirs, and next of kin for all loss or damage on account of property damage or injury to the person or death of releasor, caused by the negligence of releasees in failing to prevent such property damage, injury, or death of releasor while releasor is present at or participating in any accident investigation or accident reconstruction testing or other related activities conducted by the Association.

Releasor acknowledges that accident investigation and reconstruction testing is often an inherently dangerous activity and that any such activity conducted by the Association could result in property damage, personal injury or death. Releasor assumes the risk and full responsibility for property damage, personal injury, or death while at the place where such inherently dangerous activity may be conducted.

By this release, releasor does not release anyone whose active negligence causes property damage, personal injury, or death to releasor, nor does releasor release anyone for acts of willful misconduct or gross negligence.

Releasor states that releasor has carefully read the above release and knows the contents of the release and signs this release of releasor's own free will.

The terms of this release are contractual and not a mere recital.

Dated: \_\_\_\_\_

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

Printed name: \_\_\_\_\_