



# OTARA

## Ohio Traffic Accident Reconstruction Association

*Professionals committed to excellence since 2003*

### Department Contributor Application (Online Form available at otara.org)

Name \_\_\_\_\_ Agency \_\_\_\_\_

Title/ Rank \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Applicant #1 Name \_\_\_\_\_ Shirt Size \_\_\_\_\_ Email \_\_\_\_\_

Applicant #2 Name \_\_\_\_\_ Shirt Size \_\_\_\_\_ Email \_\_\_\_\_

Applicant #3 Name \_\_\_\_\_ Shirt Size \_\_\_\_\_ Email \_\_\_\_\_

Applicant #4 Name \_\_\_\_\_ Shirt Size \_\_\_\_\_ Email \_\_\_\_\_

Applicant #5 Name \_\_\_\_\_ Shirt Size \_\_\_\_\_ Email \_\_\_\_\_

Applicant #6 Name \_\_\_\_\_ Shirt Size \_\_\_\_\_ Email \_\_\_\_\_

Applicant #7 Name \_\_\_\_\_ Shirt Size \_\_\_\_\_ Email \_\_\_\_\_

Applicant #8 Name \_\_\_\_\_ Shirt Size \_\_\_\_\_ Email \_\_\_\_\_

Applicant #9 Name \_\_\_\_\_ Shirt Size \_\_\_\_\_ Email \_\_\_\_\_

Applicant #10 Name \_\_\_\_\_ Shirt Size \_\_\_\_\_ Email \_\_\_\_\_

Departments and Organizations are a standard \$400 yearly and provides 10 members the access to OTARA Contributor benefits. Additional members can be added by the department or organization for \$25 per person. Additional applicants (\$25) may be submitted via email at otarainfo@gmail.com

**Please enclose the following with this application:**

**Payment**

**Applicant Resumes**

**List of Applicant Certificates with Dates Attended**

**Mail to: OTARA 9378 Mason Montgomery Rd. Suite 209 Mason, Ohio 45040**

The Constitution and By-Laws has been read and explained to the listed contributors: I hereby apply for contributorship in the Ohio Traffic Accident Reconstruction Association. I state that all of the aforementioned data is true and correct to the best of my knowledge. I understand that discovery of any false information will be grounds for revocation. I understand that the application processing fee is nonrefundable. I also realize that there is no guarantee that I will be accepted by this organization, that verification may be required, and that I will comply with the Code of Ethics and Bylaws of the Ohio Traffic Accident Reconstruction Association (OTARA). Furthermore, I will send my personal resume (if not an ACTAR applicant) and application fee, and yearly dues after submitting my online application to become a member to OTARA. I authorize investigation of all statements contained herein and references listed above to give you any and all information and pertinent facts that may be, personal or otherwise, and release all parties from liability or damage that may result from furnishing same to you. I agree to electronically transfer or mail my check/money order in the correct amount as indicated above.