



South Carolina Association of Reconstruction Specialist

1602 Highway 246 North
Greenwood, SC 29649

Membership Application

Renewal ☐

New Membership ☐

Renewal fill in shaded area only

NAME:				RANK/TITLE:	
HOME ADDRESS:					
COMPANY/DEPT:			E-MAIL ADDRESS:		
BUSINESS ADDRESS:					
HOME PHONE:			BUSINESS PHONE:		

SPECIALTY: _____ ACTAR Certificate #: _____

PRIVATE PRACTICE? YES / NO WEB SITE: _____

EDUCATIONAL BACKGROUND (or attach résumé): _____

EMPLOYMENT HISTORY (or attach résumé): _____

Years of Experience: _____	No. of Cases Reconstructed: _____	Number of Expert Court Appearances: _____
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Member of SCARS Since I heard about SCARS from: _____

Membership period is a calendar year beginning the first of July each year. **A check/money order or department purchase order in the amount of \$30 must accompany this form.**

SIGNATURE: _____ DATE: _____