



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

Member of SCARS Since I heard about SCARS from: \_\_\_\_\_

Membership period is a calendar year beginning the first of April each year. A check/money order or department purchase order in the amount of \$25 must accompany this form.

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