



Western States Auto Theft Investigators

Oregon Trail Chapter

P. O. Box 1071, Lake Oswego, OR 97034

2018 Oregon Trail Chapter Executive Board:

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W.S.A.T.I. is affiliated with the International Association of Auto Theft Investigators (I.A.A.T.I.)

W.S.A.T.I. membership consists of law enforcement, insurance investigators and auto industry professionals.

W.S.A.T.I. provides low cost education, training, and support in the areas of vehicle theft prevention and investigation.

W.S.A.T.I. members meet for information sharing or training on the second Thursday of every month. For scheduled training please visit http://www.wsati.org/announcement_or.html

2018 APPLICATION FOR WSATI MEMBERSHIP

Please print or type all information requested:

NAME (Last, First, MI) _____

Address _____

Phone _____ Internet/ email address _____

DOB _____

Driver's license _____ State _____ DPSST _____

Employer _____

Address _____

Phone _____ Fax _____

Occupation: _____ Rank or Title: _____

Years with agency or company _____

I am currently a commissioned law enforcement officer _____

or retired commissioned law enforcement officer _____ (Initial one)

If retired please give agency and date of retirement:

If you are not a commissioned law enforcement officer, you will need to be sponsored by a current WSATI member.

Sponsor's name _____

Sponsor's signature _____

Date: _____

Dues are \$ 15.00 for the calendar year. Make check Payable to **WSATI - Oregon Trail**

Chapter. If you are joining WSATI in concert with a training class please include this form with the class sign up form and mail to the address indicated on the training sign up form.

Your application will be reviewed by members of WSATI for approval or denial. You will be notified of the results by e-mail. If your application should be denied your membership dues will be returned to you. As part of the application process, a background check will be completed, which includes a wants/warrants check, criminal history check, and driver's license check. Your signature is required, which acknowledges that you agree to the above inquiries as part of the application process.

Signature: _____ Date: _____

Membership approval Yes No By vote : Yes No

Date Voted In: _____