ASNT Individual Membership Application

Source Code WEB

Please complete both sides of this form.

Member Information

Last Name | First Name | M.I. | Mr./Ms.

Home Address

City | State | Zip/Postal Code

Country | Phone | Fax

Cell Phone | Home E-mail | Birth Date (MM/DD/YYYY)

Company Name

Company Address

City | State | Zip/Postal Code

Country | Business Phone | Business Fax

Business E-mail

Send Materials to: ◯ Home ◯ Office

Did you learn about ASNT through a member? ◯ **Yes** ◯ **No**
If "Yes", member's name: _____ **Member's # (if known)** _____

Former Member (more than 6 months lapse in membership)**:**
◯ Yes, Member # _____ ◯ No

Local Section (Chapter) Choice _____
Choices posted online at www.asnt.org

Membership Profile

1. Year of Birth _____

2. Gender ◯ Male ◯ Female

3. Highest Educational Level
- ◯ Grades 1–12
- ◯ High School Diploma
- ◯ Some College
- ◯ 2-Year Associate Degree
- ◯ 4-Year Undergraduate Degree
- ◯ Master's Degree
- ◯ Doctorate Degree

4. Years of Experience in NDT
◯ 0–5 ◯ 6–10 ◯ 11–15 ◯ 16–20 ◯ 21 & over

5. Number of people involved with NDT at your company
◯ 1–5 ◯ 6–20 ◯ 21–50 ◯ 51–100 ◯ over 100

6. Your Job Function—Choose the one which best describes your role. (select only one)
- ◯ NDT Management
- ◯ Quality Management
- ◯ Engineer
- ◯ Technician/Inspector
- ◯ Consultant
- ◯ Sales/Marketing
- ◯ Researcher
- ◯ Academic/Educator
- ◯ Trainer/Instructor
- ◯ Student

7. Purchasing Responsibility (select all that apply)
- ◯ I recommend/approve purchase of equipment/instruments/supplies
- ◯ I recommend/approve purchase of training & study materials/programs
- ◯ I recommend purchase of services
- ◯ I am not involved in purchasing

8. With which NDT method(s) do you work? (select all that apply)
- ◯ Acoustic Emission
- ◯ Alternating Current Field Measurement
- ◯ Electromagnetic/Eddy Current
- ◯ Ground Penetrating Radar
- ◯ Infrared & Thermal
- ◯ Laser
- ◯ Leak
- ◯ Liquid Penetrant
- ◯ Magnetic Flux Leakage
- ◯ Magnetic Particle
- ◯ Neutron Radiography
- ◯ Radiography
- ◯ Ultrasonics
- ◯ Vibration Analysis
- ◯ Visual

Complete both sides of this form and mail or fax to:
ASNT, PO Box 28518, Columbus, OH USA 43228–0518
Fax 614.274.6899.
Join online at www.asnt.org.

For Questions Contact:
Phone **614.274.6003**
Toll Free **800.222.2768 (US/Canada)**

Last Name First Name

Membership Profile continued

9. Choose the one business industry segment that best describes your company. (select only one)

NDT Utilization Business

- ◯ Aerospace/Aviation/Aircraft
- ◯ Amusement Rides & Skiing
- ◯ Automotive
- ◯ Chemical & Petroleum
- ◯ Construction
- ◯ Commercial Labs
- ◯ Infrastructure (Roads & Bridges)
- ◯ Electronics
- ◯ Marine
- ◯ Medical
- ◯ Nuclear
- ◯ Optical
- ◯ Ordnance
- ◯ Pipeline
- ◯ Pulp/Paper
- ◯ Railroad
- ◯ Semi Conductor
- ◯ Utilities

NDT Supplier Business

- ◯ Consulting
- ◯ Distributor/Manufacturers' Representative
- ◯ Equipment
- ◯ Research
- ◯ Robotics
- ◯ Supplies
- ◯ Training
- ◯ Computer Software
- ◯ Computer Hardware

10. Choose the primary type of application of NDT that you do? (select only one)

- ◯ Design and Failure Analysis
- ◯ Field Inspection
- ◯ Incoming Inspection
- ◯ In-service, Plant/Operation Maintenance & Process Control
- ◯ Product Life Extension
- ◯ QA/QC Reliability
- ◯ None of the above

11. Highest Level of NDT qualification. (select only one)

- ◯ None
- ◯ Level I
- ◯ Level II
- ◯ Level III
- ◯ Other_____
- ◯ ASNT NDT Level III
- ◯ ACCP Level II
- ◯ ACCP Level III
- ◯ IRRSP

Membership Options

	Dues	Dues with Airmail Service Included
One-Year	◯ $75	◯ $123
Two-Year	◯ $135	◯ $219
Three-Year	◯ $190	◯ $304
Five-Year	◯ $300	◯ $475
Student, One-Year Must submit transcript or letter of enrollment	◯ $15	◯ $63
Military Rank E-5 or lower	◯ $30	◯ $78

All pricing subject to change.

Dues are nonrefundable, nontransferable. Includes subscription to *Materials Evaluation* and *The NDT Technician*, a quarterly newsletter.

For members outside North America: Unless airmail is specified, all materials will be sent sea/surface mail; allow 3-4 months for delivery.

Research in Nondestructive Evaluation (RNDE®) Individual Subscription

***RNDE®* is ASNT's quarterly research journal.**

		With Airmail Service Included
Print Subscription — for current volume	◯ $55	◯ $129
Electronic Subscription — for current volume	◯ $55	
Print and Electronic Subscription — ***a savings of $35***	◯ $75	◯ $149

Do not miss out on subscribing to ASNT's quarterly research journal, *RNDE*.

Payment Information

Total Amount Paid $

All payments including checks and money orders must be made in U.S. funds (dollars) through U.S. Banks.

Form of Payment ◯ AmEx ◯ MasterCard ◯ Visa ◯ Discover ◯ Check ◯ Funds Transfer

Type of Card ◯ Personal ◯ Business

Account Number _____ Exp. Date _____ CIN*_____

Name on Card Print please _____

Signature _____

Cardholder Information _____

_____

Address, City, State, Zip, Country

* **Credit Card Identification Number.** ***For Visa/MasterCard/Discover:*** The three-digit value is printed on the signature panel on the back of cards immediately following the account number. ***For American Express:*** 4 digit, non-embossed number printed above your account number on the face of your card.

Return with payment to The American Society for Nondestructive Testing, Inc., PO Box 28518, Columbus OH 43228-0518; Or join online at www.asnt.org, Fax 614.274.6899, Phone 614.274.6003 or 800.222.2768 US/Canada. Federal ID# 31-1231529.