# ASNT Corporate Partner Application

Please complete both sides of this form.

## Corporate Partner Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address</th>
<th>City, State, Zip</th>
<th>Country</th>
<th>Business Phone</th>
<th>Business Fax</th>
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<tr>
<th>Business Web Address</th>
<th>Company Contact</th>
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<tr>
<th>Business Phone</th>
<th>Cell Phone</th>
<th>Home Phone</th>
<th>Home E-mail</th>
<th>Local Section (Chapter) Choice</th>
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**Did you learn about ASNT through a member?**

○ Yes  ○ No

If “Yes,” member’s name: ______________________ Member’s # (if known) ____________

## Corporate Delegates

ASNT Corporate Partners are entitled to three delegate memberships. Each delegate receives a subscription to *Materials Evaluation*, ASNT’s monthly journal and *The NDT Technician*, a quarterly newsletter. Please be sure to include each delegate’s email address.

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<td>Section</td>
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Complete both sides of this form and 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.

Rev 12/2018
1 Year Corporate Partner Dues $410

Research in Nondestructive Evaluation (RNDE®) Individual Subscription(s)

RNDE is ASNT’s bi-monthly research journal.

Print Subscription — for current volume
Electronic Subscription — for current volume
Print and Electronic Subscription — a savings of $65
Please indicate who is to receive RNDE subscription(s)

<table>
<thead>
<tr>
<th>Form of Payment</th>
<th>AmEx</th>
<th>MasterCard</th>
<th>Visa</th>
<th>Discover</th>
<th>Check</th>
<th>Funds Transfer</th>
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<td>Business</td>
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Account Number __________________________ Exp. Date __________ CIN* *
Name on Card Print please
Signature
Cardholder Information

Airmail Fee for Members Outside North America (optional)

Unless airmail is specified, all materials will be sent sea/surface mail; allow 3-4 months for delivery.

Materials Evaluation
RNDE
Send Materials Evaluation via Airmail to:
Send RNDE via Airmail to:

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Account Number __________________________ Exp. Date __________ CIN* *
Name on Card Print please
Signature
Cardholder Information

Total Amount Paid $

Payment Information

Company Profile

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

2. With which NDT method(s) does your company 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

3. Choose the primary type of application of NDT that your company does? (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

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

   NDT Utilization Business
   - Aerospace/Aвиation/Aircraft
   - Amusement Rides & Skiing
   - Automotive
   - Chemical & Petroleum
   - Construction
   - Commercial Labs
   - Infrastructure (Roads & Bridges)
   - Electronics
   - Marine

   NDT Supplier Business
   - Consulting
   - Distributor/Manufacturers’ Representative
   - Equipment
   - Research

5. Which SIC or NAICS codes are used to classify your company?

Note: All pricing subject to change.