



# 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			
<b>Send Materials to:</b> <input type="radio"/> Home <input type="radio"/> Office		<b>Former Member</b> (more than 6 months lapse in membership): <input type="radio"/> Yes, Member # _____ <input type="radio"/> No	
<b>Did you learn about ASNT through a member?</b> <input type="radio"/> Yes <input type="radio"/> No		<b>Local Section (Chapter) Choice</b> _____	
<b>If "Yes", member's name:</b> _____		<b>Member's # (if known)</b> _____	
Choices posted online at <a href="http://www.asnt.org">www.asnt.org</a>			

## 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)

- |  |  |
|--|--|
| <input type="radio"/> NDT Management       | <input type="radio"/> Sales/Marketing    |
| <input type="radio"/> Quality Management   | <input type="radio"/> Researcher         |
| <input type="radio"/> Engineer             | <input type="radio"/> Academic/Educator  |
| <input type="radio"/> Technician/Inspector | <input type="radio"/> Trainer/Instructor |
| <input type="radio"/> Consultant           | <input type="radio"/> 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)

- |   |   |
|---|---|
| <input type="radio"/> Acoustic Emission                     | <input type="radio"/> Liquid Penetrant      |
| <input type="radio"/> Alternating Current Field Measurement | <input type="radio"/> Magnetic Flux Leakage |
| <input type="radio"/> Electromagnetic/Eddy Current          | <input type="radio"/> Magnetic Particle     |
| <input type="radio"/> Ground Penetrating Radar              | <input type="radio"/> Neutron Radiography   |
| <input type="radio"/> Infrared & Thermal                    | <input type="radio"/> Radiography           |
| <input type="radio"/> Laser                                 | <input type="radio"/> Ultrasonics           |
| <input type="radio"/> Leak                                  | <input type="radio"/> Vibration Analysis    |
|   | <input type="radio"/> 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](http://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

- One-Year
- Two-Year
- Three-Year
- Five-Year
- Student, One-Year Must submit transcript or letter of enrollment
- Military Rank E-5 or lower

**Dues**

- \$75
- \$135
- \$190
- \$300
- \$15
- \$30

**Dues with Airmail Service Included**

- \$123
- \$219
- \$304
- \$475
- \$63
- \$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.**

- Print Subscription — for current volume  \$55
- Electronic Subscription — for current volume  \$55
- Print and Electronic Subscription — **a savings of \$35**  \$75

**With Airmail Service Included**

- \$129
- \$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](http://www.asnt.org), Fax 614.274.6899, Phone 614.274.6003 or 800.222.2768 US/Canada. Federal ID# 31-1231529.**