



# 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

Company Name

Company Address

City State Zip/Postal Code

Country Business Phone Business Fax

Business E-mail

Send Materials to:  Home  Office

If recruited, by whom? \_\_\_\_\_

Local Section (Chapter) Choice \_\_\_\_\_

Choices posted online at [asnt.org/sections](http://asnt.org/sections)

## Member Profile

1. Date of Birth \_\_\_\_\_

2. Gender  Male  Female

3. Education (Check highest level)

	Enrolled	Completed
High School	<input type="radio"/>	<input type="radio"/>
Some College	<input type="radio"/>	<input type="radio"/>
2-Year Associate Degree	<input type="radio"/>	<input type="radio"/>
4-Year Bachelor Degree	<input type="radio"/>	<input type="radio"/>
Master's Degree	<input type="radio"/>	<input type="radio"/>
Doctorate Degree	<input type="radio"/>	<input type="radio"/>

If enrolled, expected graduation date \_\_\_\_\_

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. What is your job title? \_\_\_\_\_

7. Your Job Function—Choose the one which best describes your role. (select only one)

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

8. 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

9. 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"/> Microwave             |
| <input type="radio"/> Guided Wave                           | <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 [asnt.org](http://asnt.org)

**For Questions Contact Customer Service:**

Phone 614.274.6003

Toll Free 800.222.2768 (US/Canada)

Last Name

First Name

### Member Profile continued

#### 10. Choose the primary 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

#### 11. 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

#### 12. 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 Categories

	Dues	Dues, plus optional Airmail
Student (1 year; requires proof of full-time student enrollment)	<input type="radio"/> \$ 25.00	N/A
New NDT Professional (1 year; early career with less than 5 years in NDT)	<input type="radio"/> \$ 40.00	N/A
NDT Professional (1 year)	<input type="radio"/> \$100.00	<input type="radio"/> \$148.00
NDT Professional (2 years)	<input type="radio"/> \$190.00	<input type="radio"/> \$286.00
NDT Professional (3 years)	<input type="radio"/> \$270.00	<input type="radio"/> \$414.00
NDT Professional (5 years)	<input type="radio"/> \$425.00	<input type="radio"/> \$665.00
Active Military (1 year; active service members)	<input type="radio"/> \$ 40.00	N/A
Retired (1 year; eligibility verification required)	<input type="radio"/> \$ 35.00	N/A
Lifetime (eligibility verification required)	<input type="radio"/> \$800.00	N/A

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

**Student and New NDT Professional members receive periodical subscriptions electronically only.**

**For members outside North America:** Unless airmail is purchased, all printed periodical subscriptions will be sent sea/surface mail; allow 3-4 months for delivery.

### Research in Nondestructive Evaluation (RNDE®) Subscription

**RNDE® is ASNT's bi-monthly research journal.**

	Subscription	Subscription, plus optional Airmail
Print Subscription	<input type="radio"/> \$ 85.00	<input type="radio"/> \$206.00
Electronic Subscription	<input type="radio"/> \$ 85.00	
Print and Electronic Subscription — <b>a savings of \$65</b>	<input type="radio"/> \$105.00	<input type="radio"/> \$226.00

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