



ASNT Individual Membership Application

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

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 | <input type="radio"/> Magnetic Flux Leakage |
| <input type="radio"/> Field Measurement | <input type="radio"/> Magnetic Particle |
| <input type="radio"/> Electromagnetic/Eddy Current | <input type="radio"/> Microwave |
| <input type="radio"/> Ground Penetrating Radar | <input type="radio"/> Neutron Radiography |
| <input type="radio"/> Guided Wave | <input type="radio"/> Radiography |
| <input type="radio"/> Infrared & Thermal | <input type="radio"/> Ultrasonics |
| <input type="radio"/> Laser | <input type="radio"/> Vibration Analysis |
| <input type="radio"/> Leak | <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

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"/> \$150.00
NDT Professional (2 years)	<input type="radio"/> \$190.00	<input type="radio"/> \$274.00
NDT Professional (3 years)	<input type="radio"/> \$270.00	<input type="radio"/> \$390.00
NDT Professional (5 years)	<input type="radio"/> \$425.00	<input type="radio"/> \$609.00
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
Print Subscription	<input type="radio"/> \$85.00
Electronic Subscription	<input type="radio"/> \$85.00
Print and Electronic Subscription — a savings of \$65	<input type="radio"/> \$105.00

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, Fax 614.274.6899, Phone 614.274.6003 or 800.222.2768 US/Canada. Federal ID# 31-1231529.