|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FORM FOR ICNDT & APFNDT MEMBERSHIP** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Membership Details:** APF01-2019-R4 | | | | | | | | | | | | | | | |
| We would like to apply for: | | | | | | | | | | | | | **(NOT Including 8% TAX)** | | |
|  | Category | Primary Region | | | | | | | | | Secondary Region | | | | |
| Full Membership Fees | | | | | | Associate Membership Fees | | | Full Membership Fees | | | Associate Membership Fees | |
|  | *A* | ¥ 500,000 (€ 4,000) | | | | | | ¥ 375,000 (€ 3,000) | | | ¥ 300,000 (€ 2,400) | | | ¥ 225,000 (€ 1,800) | |
| *B* | ¥ 300,000 (€ 2,400) | | | | | | ¥ 135,000 (€ 1,800) | | | ¥ 180,000 (€ 1,440) | | | ¥ 135,000 (€ 1,080) | |
| *C* | ¥ 100,000 (€ 800) | | | | | | ¥ 45,000 (€ 600) | | | ¥ 60,000 (€ 480) | | | ¥ 45,000 (€ 360) | |
| *D* | ¥ 50,000 (€ 400) | | | | | | ¥ 30,000 (€ 300) | | | ¥ 30,000 (€ 240) | | | ¥ 22,500 (€ 180) | |
| *E* | ¥ 12,500 (€ 100) | | | | | | ¥ 9,375 (€ 75) | | | ¥ 7,500 (€ 60) | | | ¥ 　5,625 (€ 45) | |
|  | | | | | | | | | | | | | | |
| **Society Details:** | | | | | | | | | | | | ***Please use this address for correspondence*** | | | |
| Society Name:       (     ) | | | | | | | | | | | | | | | |
| Business Address: | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | State: | | | | Postcode: |
| Country: | | | | | | | | | | | | | | | |
| Business Phone: | | | | | | | | | | | Business Fax: | | | | |
| Business Email: | | | | | | | | | | | HP: | | | | |
| **Personal Details (Society Contact Person):** | | | | | | | | | *Please add additional representitives on page 2* | | | ***Please use this address for correspondence*** | | | |
| Full name of applicant: (Given Names)       (Family Name) | | | | | | | | | | | | | | | |
| Title: (Mr, Mrs, Miss, Ms, Dr) | | | | | | | Position Title: | | | | | | | | |
| Address: (Home) | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | State: | | | | Postcode: |
| Country: | | | | | | | | | | | Home Phone: | | | | |
| Personal Email: | | | | | | | | | | | Mobile Phone: | | | | |
|  | | |  | | | |  | | | | ***I would like to receive the APFNDT E-Newsletter*** | | | | |
| **Payment Details** | | | | | | | | | | | | | | | |
| Purchase order #: | | | |  | | | | | | | | | | | |
| Payment method: | | | | Electronic Funds Transfer (must include other charges such as bank transfer fees)  \*Secretariat will contact you with bank information. | | | | | | | | | | | |
| MasterCard VISA AMEX ( + 2% surcharge) | | | | | | | | | |  | |
| Credit card #: | | | | (16 Digits) | | | | | | | | | |  | |
|  | | | | | | | | | | | | | |  | |
| Expiry date: | | | |  | | / |  | **(MM/YY)** | |  | | | |  | |
|  | | | | | | | | | | | | | | | |
| Cardholder name: | | | | | | | | | | | | | | | |
| Card holder signature: | | | | | | | | | | | | | | | |
| **Invoicing/Receipt Details** | | | | | | | | | | | | | | | |
| Invoice to be made to: | | | | | Applicant Society Other (Please Provide Details) | | | | | | | | | | |
| The Application, when fully completed should be **Printed** and **Signed** where required.  This form along with supporting attachments should be forwarded to: | | | | | | | | | | | | | | | |
| *APFNDT Office*  *Email:* [*secretariat@apfndt.org*](mailto:secretariat@apfndt.org)  I, the undersigned apply for Society Membership of the Asia Pacific Federation for Non-destructive Testing in the category indicated above. We agree to abide by the Federations Constitution and will conduct ourselves honourably to maintain the welfare of the APFNDT. | | | | | | | | | | | | | | | |
| Signature of Applicant: | | | | | | | | | | | | Date:       (DD/MM/YY) | | | |
|  | | | | | | | | | | | |  | | | |
| **Additional Information – VOTING & NON-VOTING REPRESENTATIVES** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **ICNDT Appointed Representative 1 (Voting Delegate):** | | | | | | | | | | | | | | | |
| Full name of applicant: (Given Names)       (Family Name) | | | | | | | | | | | | | | | |
| Title: (Mr, Mrs, Miss, Ms, Dr) | | | | | | | Affiliation & Position: | | | | | | | | |
| Country: | | | | | | | | | | | Business Phone: | | | | |
| Prefered Email: | | | | | | | | | | | Mobile Phone: | | | | |
|  | | |  | | | |  | | | | ***I would like to receive the APFNDT E-Newsletter*** | | | | |
| **ICNDT Appointed Representative 2 (Non-Voting Delegate):** | | | | | | | | | | | | | | | |
| Full name of applicant: (Given Names)       (Family Name) | | | | | | | | | | | | | | | |
| Title: (Mr, Mrs, Miss, Ms, Dr) | | | | | | | Affiliation & Position: | | | | | | | | |
| Country: | | | | | | | | | | | Business Phone: | | | | |
| Prefered Email: | | | | | | | | | | | Mobile Phone: | | | | |
|  | | |  | | | |  | | | | ***I would like to receive the APFNDT E-Newsletter*** | | | | |
| **APFNDT Appointed Representative 1 (Voting Delegate):**  **Same as ICNDT Appointed Representative 1** | | | | | | | | | | | | | | | |
| Full name of applicant: (Given Names)       (Family Name) | | | | | | | | | | | | | | | |
| Title: (Mr, Mrs, Miss, Ms, Dr) | | | | | | | Affiliation & Position: | | | | | | | | |
| Country: | | | | | | | | | | | Business Phone: | | | | |
| Prefered Email: | | | | | | | | | | | Mobile Phone: | | | | |
|  | | |  | | | |  | | | | ***I would like to receive the APFNDT E-Newsletter*** | | | | |
| **APFNDT Appointed Representative 2 (Non-Voting Delegate):  Same as ICNDT Appointed Representative 2** | | | | | | | | | | | | | | | |
| Full name of applicant: (Given Names)       (Family Name) | | | | | | | | | | | | | | | |
| Title: (Mr, Mrs, Miss, Ms, Dr) | | | | | | | Affiliation & Position: | | | | | | | | |
| Country: | | | | | | | | | | | Business Phone: | | | | |
| Prefered Email: | | | | | | | | | | | Mobile Phone: | | | | |
|  | | |  | | | |  | | | | ***I would like to receive the APFNDT E-Newsletter*** | | | | |
|  | | |  | | | | ***SOCIETY STRUCTURE (INFORMATION ONLY)*** | | | |  | | | | |
| **Society President:** | | | | | | | | | | | | | | | |
| Full name of applicant: (Given Names)       (Family Name) | | | | | | | | | | | | | | | |
| Title: (Mr, Mrs, Miss, Ms, Dr) | | | | | | | Affiliation & Position: | | | | | | | | |
| Country: | | | | | | | | | | | Business Phone: | | | | |
| Prefered Email: | | | | | | | | | | | Mobile Phone: | | | | |
|  | | |  | | | |  | | | | ***I would like to receive the APFNDT E-Newsletter*** | | | | |
| **Society Vice President:** | | | | | | | | | | | | | | | |
| Full name of applicant: (Given Names)       (Family Name) | | | | | | | | | | | | | | | |
| Title: (Mr, Mrs, Miss, Ms, Dr) | | | | | | | Affiliation & Position | | | | | | | | |
| Country: | | | | | | | | | | | Business Phone: | | | | |
| Prefered Email: | | | | | | | | | | | Mobile Phone: | | | | |
|  | | |  | | | |  | | | | ***I would like to receive the APFNDT E-Newsletter*** | | | | |