

## OPERATING PROCEDURE: OP 11

### *Regional Development Terms of Reference*

- **Regional Grouping Allocation, to be accepted as a Full APFNDT Member:**
  - **Group One**

**Western Asia:** Armenia, Azerbaijan, Bahrain, Cyprus, Georgia, Iraq, Israel, Iran, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syria, Turkey, UAE, Yemen.  
**Central Asia:** Kazakhstan, Kyrgyzstan, Tajikistan, Russia, Uzbekistan.  
**South Asia:** Afghanistan, Butan, Bangladesh, India, Maldives, Nepal, Pakistan, Sri Lanka.
  - **Group Two**

**East Asia:** China, incl: Hong Kong (SAR) Macau (SAR), Japan, North Korea, South Korea, Mongolia, Taiwan.  
**South East Asia:** Brunei, Cambodia, East Timor, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, Vietnam.
  - **Group Three**

**Pacific:** Canada, United States of America, Mexico, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, Panama.  
**Oceania:** Australia, New Zealand, Melanesia, Micronesia, Polynesia.
- **Link to Constitutional Changes as required**

*Annex A - Application for APFNDT Society Membership*

*Annex B – Application for APFNDT Society Membership*

*Additional information – VOTING & NON-VOTING REPRESENTATIVES*

## APPLICATION FOR APFNDT SOCIETY MEMBERSHIP

Rev.002-20140926

### Membership Details: \* APFNDT Membership year - 1st September to 31st August

We would like to apply for:     Full Membership: 1 Year (Yen) 20,000                       Associate Membership: 1 Year (Yen) 10,000  
     Full Membership: 3 Year (Yen) 50,000 (Discount)

### Society Details:

 Please use this address for correspondence

Society Name: \_\_\_\_\_ (    )  
 Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Country: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
 Business Email: \_\_\_\_\_

### Personal Details (Society Contact Person):

Please add additional representatives on page 2
 Please use this address for correspondence

Full name of applicant: \_\_\_\_\_ (Given Names) / \_\_\_\_\_ (Middle Name) / \_\_\_\_\_ (Family Name)  
 Title: \_\_\_\_\_ (Mr, Mrs, Miss, Ms, Dr)                      Position Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ (Home)  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Country: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Personal Email: \_\_\_\_\_  I would like to receive the APFNDT E-Newsletter

### Payment Details

Purchase order #: \_\_\_\_\_  
 Payment method:     Electronic Funds Transfer (must include other charges) \*Secretariat will contact you with bank information.  
     VISA ( + 5% surcharge)     MasterCard ( + 5% surcharge)     AMEX ( + 7% surcharge)  
 Credit card #: \_\_\_\_\_ (4 # in each box Total of 16 #)  
 Expiry date:                      (Month) /                      (Year)  
 \_\_\_\_\_  
 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: \_\_\_\_\_

## APPLICATION FOR APFNDT MEMBERSHIP

### Additional information – VOTING & NON-VOTING REPRESENTATIVES

**Appointed Representative 1 (Voting Delegate):**

Full name of applicant: (Given Names) / (Middle Name) / (Family Name)

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Title: (Mr, Mrs, Miss, Ms, Dr) Position Title:

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Address for correspondence:

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City: State:

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Country: Postcode:

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Business Phone: Mobile Phone:

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Preferred Email:  *I would like to receive the APFNDT E-Newsletter*

**Appointed Representative 2 (Non-Voting Delegate):**

Full name of applicant: (Given Names) / (Middle Name) / (Family Name)

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Title: (Mr, Mrs, Miss, Ms, Dr) Position Title:

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Address for correspondence:

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City: State:

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Country: Postcode:

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Business Phone: Mobile Phone:

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Preferred Email:  *I would like to receive the APFNDT E-Newsletter*

**SOCIETY STRUCTURE  
(INFORMATION ONLY)**

**President of Society:**

Full name of applicant: (Given Names) / (Middle Name) / (Family Name)

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Title: (Mr, Mrs, Miss, Ms, Dr) Position Title:

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Address for correspondence:

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City: State:

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Country: Postcode:

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Business Phone: Mobile Phone:

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Preferred Email:  *I would like to receive the APFNDT E-Newsletter*

**Vice President of Society:**

Full name of applicant: (Given Names) / (Middle Name) / (Family Name)

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Title: (Mr, Mrs, Miss, Ms, Dr) Position Title:

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Address for correspondence:

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City: State:

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Country: Postcode:

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Business Phone: Mobile Phone:

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Preferred Email:  *I would like to receive the APFNDT E-Newsletter*