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| **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*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*** |