



# ASNT Corporate Partner Application

Source Code WEB

Please complete both sides of this form.

## Corporate Partner Information

Company Name		
Company Address		
City	State	Zip/Postal Code
Country	Business Phone	Business Fax
Business Web Address		
Company Contact		
Business Phone	Business Fax	
Business E-mail	Cell Phone	Home Phone
Home E-mail	Local Section (Chapter) Choice (choices posted online at www.asnt.org)	

Did you learn about ASNT through a member?  Yes  No  
 If "Yes", member's name: \_\_\_\_\_ Member's # (if known) \_\_\_\_\_

## Corporate Delegates

ASNT Corporate Partners are entitled to three delegate memberships. Each delegate receives a subscription to *Materials Evaluation*, ASNT's monthly journal and *The NDT Technician*, a quarterly newsletter. Please be sure to include each delegate's email address.

1.	2.	3.
Name	Name	Name
Mailing Address	Mailing Address	Mailing Address
City, State, Zip	City, State, Zip	City, State, Zip
Country	Country	Country
Business Phone	Business Phone	Business Phone
Business Fax	Business Fax	Business Fax
Business E-mail	Business E-mail	Business E-mail
Cell Phone	Cell Phone	Cell Phone
Home Phone	Home Phone	Home Phone
Home E-mail	Home E-mail	Home E-mail
Section	Section	Section

**Complete both sides of this form and return with payment to The American Society for Nondestructive Testing, Inc., PO Box 28518, Columbus OH 43228-0518; Or join online at [www.asnt.org](http://www.asnt.org), Fax 614.274.6899, Phone 614.274.6003 or 800.222.2768 US/Canada. Federal ID# 31-1231529.**

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

**1 Year Corporate Partner Dues**

**\$410**

ASNT Corporate Partner affiliation is nontransferable & nonrefundable.

**Research in Nondestructive Evaluation (RNDE®) Individual Subscription(s)**

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

Print Subscription — for current volume

\$85 × number of subscriptions (1–4) \_\_\_\_\_ = Total \$ \_\_\_\_\_

Electronic Subscription — for current volume

\$85 × number of subscriptions (1–4) \_\_\_\_\_ = Total \$ \_\_\_\_\_

Print and Electronic Subscription — **a savings of \$65**

\$105 × number of subscriptions (1–4) \_\_\_\_\_ = Total \$ \_\_\_\_\_

**Please indicate who is to receive RNDE subscription(s)**

**Company**    **Delegate 1**    **Delegate 2**    **Delegate 3**

**Airmail Fee for Members Outside North America (optional)**

Unless airmail is specified, all materials will be sent sea/surface mail; allow 3-4 months for delivery.

*Materials Evaluation*

\$48 × number of subscriptions (1–4) \_\_\_\_\_ = Total \$ \_\_\_\_\_

*RNDE*

\$111 × number of subscriptions (1–4) \_\_\_\_\_ = Total \$ \_\_\_\_\_

**Send Materials Evaluation via Airmail to:**

**Company**    **Delegate 1**    **Delegate 2**    **Delegate 3**

**Send RNDE via Airmail to:**

**Company**    **Delegate 1**    **Delegate 2**    **Delegate 3**

**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.

**Company Profile**

**1. Number of people involved with NDT at your company**

1–5    6–20    21–50    51–100    over 100

**2. With which NDT method(s) does your company work?**

(select all that apply)

- Acoustic Emission                       Liquid Penetrant
- Alternating Current                       Magnetic Flux Leakage
- Field Measurement                       Magnetic Particle
- Electromagnetic/Eddy Current    Neutron Radiography
- Ground Penetrating Radar            Radiography
- Infrared & Thermal                       Ultrasonics
- Laser     Vibration Analysis
- Leak     Visual

**3. Choose the primary type of application of NDT that your company does? (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

**4. Choose the one business industry segment that best describes your company. (select only one)**

*NDT Utilization Business*

- Aerospace/Aviation/Aircraft                       Medical
- Amusement Rides & Skiing                       Nuclear
- Automotive     Optical
- Chemical & Petroleum                       Ordnance
- Construction     Pipeline
- Commercial Labs                                       Pulp/Paper
- Infrastructure (Roads & Bridges)                       Railroad
- Electronics     Semi Conductor
- Marine     Utilities

*NDT Supplier Business*

- Consulting     Robotics
- Distributor/Manufacturers' Representative                       Supplies
- Equipment     Training
- Research     Computer Software
- Computer Hardware

**5. Which SIC or NAICS codes are used to classify your company?**

\_\_\_\_\_  
\_\_\_\_\_

Note: All pricing subject to change.