

EFNDT MEMBERSHIP application form

The undersigned organization:

(Name, acronym):

.....

- Hereby apply for EFNDT membership as a:

☐ Full member

☐ Associate member

in accordance with the Articles of Association of the Federation and accept the decision (acceptance or rejection by the Board of Directors;

- If accepted, will pay the corresponding annual subscription rate:

☐ Full member : 300 EUROS

☐ Associate member : 150 EUROS

- Provided all details, where relevant, required in the present form for evaluation of application by the Board of Directors of EFNDT.

Date: Place:

Name Position and Signature
of the applicant's representative:

.....

EVALUATION OF EFNDT MEMBERSHIP APPLICATION

Organization name:

Acronym:

Address:

.....

Country:

Telephone: Fax: E-Mail:

Internet-address:

Date of foundation:

Legal statutes of a non profit NDT organization can be provided ☐ yes (*) ☐ no (**)

(*) please provide text of statutes

(**) please attach the relevant text showing evidence of a non profit
NDT organization

There is another organisation claiming to represent the NDT community..... ☐ yes (*) ☐ no

(*) yes please state the name of this organisation:

President of the society (Name – Title):

Chief Executive Officer (staff) (Name – Title):

List of Elected Officers (Name, Title and date of term of office):

.....

.....

.....

.....

Number of persons on staff: Number of local sections:

Annual budget: Annual fees per member:

Number of corporate members: Individual members:

Mailing list of members provided: ☐ yes ☐ no

Membership requirements:

.....

.....

Objectives of the organization (Meetings, exhibits and conventions sponsored by the organization,
publication, activities):

.....

.....

Membership in other /organizations (national or international):