



# International Association of Certified Thermographers

## SPONSOR MEMBERSHIP APPLICATION

Please complete where applicable and return with payment - Type or Print clearly

Today's date \_\_\_\_\_ Membership number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address<sup>1</sup>: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

<sup>1</sup>If you have entered a PO Box, please provide a physical address below for shipping purposes:

Address: \_\_\_\_\_ Apt/Unit/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Country: \_\_\_\_\_

### Payment Information

*Dues are non-refundable*

**Sponsor Member** - \$75 USD Annual Dues

This membership includes a front page sponsor banner display (Web Banner Supplied by Sponsor).

Amount Enclosed:

### Method of Payment

**Check** payable to IACT for full amount. (Please note: There is a \$50 charge for returned checks.)

**Please mail or email the Membership Application and additional material to:**

**IACT**

**Attention: Scott Wood, Treasurer**

**38 Raft Island Drive NW, Gig Harbor, Washington 98335- 5918 USA**

**Email: [info@iactthermography.org](mailto:info@iactthermography.org)**