

RENEWAL APPLICATION FORM FOR CERTIFIED THERMOGRAPHERS Please provide any **changes** since your initial membership and return with payment Type or Print clearly

Today's date	Membership number:	
Business Name		
Your Name	Title	
Address ¹		
City	State/ProvincePostal Code _	
Phone	Website	
Email	Fax	
Birth Date	Gender	
¹ If you have entered a PO Box, please	se provide a physical address below for shipping purposes:	
Address	Apt/Unit/Suite	
City	State/ProvincePostal Code _	
Country:		
A	Additional Information	
IACT makes its contact information available to p	partners offering services to its members.	
\square If you do NOT wish to be included, please chec	ck this box.	
•	uired, but if someone did refer you to IACT, or influenced yoperly acknowledged.	
Did you visit an IACT booth at a recent conference	e? O Yes O No	
If yes, which conference or venue?		



Please indicate the area(s) which you practice and the level of certification.
\square Building Sciences $\ \square$ Condition Monitoring $\ \square$ Medical Infrared Imaging $\ \square$ Other
Certification:
Certification Expiration Date, Organization:
Number of years and months practicing specific application(s):
Number of projects performing specific application(s):
To help confirm your qualifications for the IACT area(s) you have selected above, please provide any additiona application specific information other than certification (such as: training, courses, workshops, presentations publications or attached CV)



Payment Information

Dues are non-refundable

Please check only one type of Membership:

Certified Members: (To be accepted as a certified member, documentation of your certification(s) such as certificate or certification card must be provided with the application.)
Certified Individual Member - \$75 USD Annual Dues
Amount Enclosed:
Method of Payment
○ Check payable to IACT for full amount. (Please note: There is a \$50 USD charge for returned checks.)
On line payment (PayPal) to IACT for full amount plus \$5.00 USD fee.
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