



# International Association of Certified Thermographers

## MEMBERSHIP APPLICATION FORM FOR CERTIFIED THERMOGRAPHERS

Please complete and return with payment – Type or Print clearly

**Membership as a certified thermographer requires proof of certification from a board certified training institution**

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

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

Your Name \_\_\_\_\_ Title \_\_\_\_\_

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

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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

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

Birth Date \_\_\_\_\_ Gender  M  F

<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 Code \_\_\_\_\_

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

### Additional Information

**IACT makes its contact information available to partners offering services to its members.**

If you do NOT wish to be included, please check this box.

A referral from a current IACT member is not required, but if someone did refer you to IACT, or influenced your decision to join, we would like to know, so they can be properly acknowledged. \_\_\_\_\_

Did you visit an IACT booth at a recent conference?  Yes  No

If yes, which conference or venue? \_\_\_\_\_





# International Association of Certified Thermographers

## ACKNOWLEDGEMENT and RELEASE

I hereby certify:

- That I have read and understand the IACT code of Ethics, and will abide by it and all other rules and regulations of the Association.

I understand:

- Membership does in no way allow me to state, print or imply that I am a Certified Thermographer. Only when all certification qualifications have been met through whatever organization or school that the applicant prefers may he/she state that he/she is certified and can apply as Certified member.
- I also understand that until I receive written or electronic notice from IACT that I have officially been accepted as a member and only as I remain a member in good standing, may not, and will not use the IACT name or logo to advertise, or imply in any promotional material that I am affiliated with IACT. This restriction includes, but is not limited to, all Yellow Page directory advertising, company brochures, internet website, stationary, and resumes. I fully understand and agree that if I violate this Association's policy in any manner, I may be suspended or expelled from IACT.

**As a Certified Member, I agree to report and inspect in substantial compliance with IACT's *Standard Practice and Code of Ethics*. I have read, accept, and fully understand all statements in this Application. I hereby certify that all statements are correct. I understand that any failure to comply with the above or falsification may exclude me from membership in the International Association of Certified Thermographers.**

## RELEASE

For and in consideration of the benefits provided to me by the International Association of Certified Thermographers (IACT), I hereby waive, release and forever discharge IACT, its Board of Directors, officers, members, servants, agents, and employees, of and from all suites, claims, causes of action, damages, losses or injuries that I shall or may have reason or cause including, but not limited to those related to the implementation or enforcement of the IACT Code of *Ethics, Standards of Practice* and/or any other activities.

**Unauthorized alterations/omissions found on this form (now or in the future) will void this application. Membership is non-transferable and non-refundable.**

Agreement Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

We use the checklist below to ensure you are supplying all of the required information for membership with IACT. Without all the required documentation completed, signed and submitted we will not be able to process your membership application.

- Completed and signed Application with Acknowledgement and Release
- Full payment
- Proof of certification as a Certified Thermographer



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## 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 and \$50 USD Application processing fee
- Certified Additional Individual Member the From Same Company**<sup>1</sup> \$75 USD and \$50 USD Application processing fee

<sup>1</sup>Additional memberships only apply for multiple members from the same company, with the same mailing address. A separate, completed and signed application, along with the required documentation, must be provided for each additional individual.

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