



MEMBERSHIP APPLICATION FOR CERTIFIED THERMOGRAPHERS

Please complete and return – type or print clearly
MEMBERSHIP AS A CERTIFIED THERMOGRAPHER REQUIRES PROOF OF
CERTIFICATION FROM AN IACT RECOGNIZED CERTIFYING BODY.

Today's Date: _____
Business Name: _____
Your Name: _____
Title: _____
Address: _____
City: _____ State/Province: _____
Postal Code: _____
Phone: _____ Website: _____
Email: _____
Birth Date: _____

Please indicate the area(s) which you practice and the level of certification.

Building Sciences Condition Monitoring Clinical Thermography

Level, Certification Number

Expiration Date, Organization (Please include a copy of your certificate(s))

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.

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 to become a Certified member of the IACT.

I also understand that until I receive written or electronic notice from the IACT that I have officially been accepted as a certified member, and only as I remain a certified member in good standing, I 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 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 the IACT.

As a Certified Member, I agree to act, report, and inspect in substantial compliance with the IACT's Code of Ethics. I have read, accept, and fully understand all the statements in this Application. I hereby certify that all the statements I have made 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 the 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 and Guidelines, and/or 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: _____

Please 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
 - Proof of certification as a Certified Thermographer and/or Clinical Thermographic Technician
- Certified Members: (To be accepted as a certified member, documentation of your certification(s) such as a copy of your certificate or certification card must be provided with the application.)

Payment Information (Dues are non-refundable) –

Certified Individual Member - \$125.00 USD Annual Dues

DO NOT include payment with this application. Your application must first be reviewed by the representative IACT board and accepted for membership prior to payment. You will be notified of acceptance as a certified member upon final review of your credentials.

Please mail or email your application and additional materials to:

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

To expedite your application, please email to: scottwoodir@gmail.com

Phone: 253-509-3742