



Proposal for Election

Notes on the completion of this form:

1. Before completing the form, please read the 'Membership Requirements' leaflet and determine the grade at which you wish to enter The British Institute of NDT. Then complete the following:

I hereby apply for membership at _____ grade

Please read the form before you begin to complete it.

2. Applications at the non-corporate grades (*ie* Affiliate and Student) need only complete sections 1, 2, 3 (if applicable), 5 and 7.
3. Applications at the corporate grades (*ie* Practitioner, Graduate, Member and Fellow) should complete all sections.

PLEASE USE BLOCK CAPITALS AND BLACK INK TO COMPLETE THE FORM.

4. Send completed application form and the enrolment fee*, together with any supporting documentation, to:
**The Registrar, The British Institute of Non-Destructive Testing,
1 Spencer Parade, Northampton, NN1 5AA, UK.**

* See current 'Membership Subscriptions' leaflet for details, or visit <http://www.bindt.org/Membership/Fees>
The initial enrolment fee is **non-refundable**.

1. Personal Details:

Title (Mr, Mrs, Miss, Other):		
Full name (underline Surname):		
Date of Birth:	Age:	
PCN No. (if relevant):		
Home Address:	Work Address:	
Postcode:	Postcode:	
Telephone:	Telephone:	
Email:	Email:	
Address for correspondence: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Educational Establishment		
Branch to which you wish to be attached:		
<input type="checkbox"/> North West	<input type="checkbox"/> Scottish	<input type="checkbox"/> Yorkshire
<input type="checkbox"/> West Midlands	<input type="checkbox"/> North East	<input type="checkbox"/> East Midlands
<input type="checkbox"/> London & Home Counties	<input type="checkbox"/> South Wales	<input type="checkbox"/> East Anglia
<input type="checkbox"/> Solent	<input type="checkbox"/> West of England	<input type="checkbox"/> Plymouth
	<input type="checkbox"/> North East Scottish	<input type="checkbox"/> Overseas

2. Academic Qualifications

List all academic qualifications you have gained and those for which you are currently studying.

Please enclose copies of all qualifications with this application. (Note: authenticated photocopies are acceptable. Do not send original documents.)

From	To	Course of Study (indicate Subjects)	Qualification & Grade	Educational Establishment	Date of Award	Referees' Initials

3. Professional Qualifications and Training in NDT, Condition Monitoring or allied disciplines

List all qualifications already gained, giving full details of all relevant training.

Please enclose documentary evidence of approvals, test results, reports, certificates etc. (Note: authenticated photocopies are acceptable.)

From	To	Training Establishment	Course & Nature of Training	Qualification	Referees' Initials

4. Career Information

This section **must** be completed, even if you submit a CV for amplification.

Start with your current job and work back.

Please provide a job description for each job, or provide a copy of your most recent CV.

Current Job

From: _____ to: _____ (dates)

Employer's name:

Job title:

Job title of immediate superior:

Job Description (with full details of scope and degree of personal responsibility):

**Referees'
Initials**

continue on separate sheet if necessary

Previous Job

From: _____ to: _____ (dates)
Employer's name:
Job title:
Job title of immediate superior:
Job Description (with full details of scope and degree of personal responsibility):

Referees'
Initials

continue on separate sheet if necessary

5. Other Evidence in Support of Application

Give details **with dates** of any other relevant evidence which will support your application, e.g. lectures given, papers published in technical journals, or any research or development for which you have been responsible.

Referees'
Initials

6. Continuing Professional Development

Year	No. of Hours	Record Validated	Referees' Initials

7. Applicant's Declaration

I, the undersigned, do hereby apply to be admitted into membership of The British Institute of Non-Destructive Testing and certify that my statements in this application are correct.

I undertake, if admitted, to pay the Fees in connection with my membership and also to be bound by the Memorandum and Articles of Association of the Institute and the Bye-Laws in force from time to time, I also promise to observe the Code of Professional Conduct of the Institute.

If I am not eligible for the grade of membership for which I have applied, the Institute may elect me to an appropriate grade.

If I signify in writing to the Registrar that I wish to withdraw from membership, I shall (after paying all arrears which may be due at that period and returning my Certificate of Membership) be free from obligation.

Signature:

Date:

8. References

Affiliates need not provide referees. **Students** may use a lecturer as a referee.

All other candidates must provide the names and addresses of two referees.

Referees must know you personally and be capable of giving a technical assessment. One referee should be your current immediate superior. It is preferable that referees should be Corporate members of this or a related Institution and should not be subordinates of the applicant. **Referees** are required to initial the areas of your application for which they have personal knowledge. The Institute may ask referees for further information and their full address (either home or work) must be given. Correspondence will be conducted in the strictest confidence.

First Referee Details

BINDT use only

Name:

Job Title:

Professional Qualifications:

Address:

I am the applicant's immediate superior: Yes No

I have known the applicant for..... years.

I have read and initialled those sections of this application of which I have direct knowledge, and confirm that the statements made are correct.

Signature:

Date:

Second Referee Details

BINDT use only

Name:

Job Title:

Professional Qualifications:

Address:

I have known the applicant for years.

I have read and initialled those sections of this application of which I have direct knowledge, and confirm that the statements made are correct.

Signature:

Date:

TITLE	REF. No.	ISSUE No.	REVISION	ISSUE DATE	AUTHORISED BY
Membership Application Form	PP 4	1	0	08.01.09	



CHECKLIST

HAVE YOU:

Tick Box

- | | |
|--|--------------------------|
| 1) Read the 'Membership Requirements' leaflet and determined which grade you wish to enter BINDT, OR contact the Registrar for guidance if you are unsure. | <input type="checkbox"/> |
| 2) Completed the form clearly in BLACK INK for copying purposes. | <input type="checkbox"/> |
| 3) Completed the Personal Details section fully and indicated to which Branch you wish to be attached. | <input type="checkbox"/> |
| 4) Included copies of all certificates detailed in sections 2 & 3 and had them verified by your referees. | <input type="checkbox"/> |
| 5) Completed the Career Information section & included a CV (if required). | <input type="checkbox"/> |
| 6) Included any Continuing Professional Development details (e.g. Training report). | <input type="checkbox"/> |
| 7) Read the declaration and then signed & dated the application form. | <input type="checkbox"/> |
| 8) Provided 2 referee details in full. Note: Your application will be returned if this section has not been completed in full. | <input type="checkbox"/> |
| 9) Asked your referees to review your application and initial the sections where appropriate. | <input type="checkbox"/> |
| 10) Enclosed the appropriate initial application fee which is payable to BINDT. | <input type="checkbox"/> |
| 11) Retained a copy of your application for your records | <input type="checkbox"/> |

Please send your completed form and payment to:

The British Institute of NDT (BINDT)
The Registrar
1 Spencer Parade
Northampton
NN1 5AA, UK
Email: membership@bindt.org
Web: www.bindt.org