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Application for Membership

The International Association of Quality Practitioners (IAQP)

Please send the completed application form and fee, together with a CV, copies of certificates and photographic ID, to the Membership Department of the British Institute of Non-Destructive Testing at the above address.

1. Personal details

Title (Mr, Mrs, Miss, other):

Full name (underline surname):

Date of birth:

Age:

Company:

Home address (including postcode):

Name and address of employer (including postcode):

Country:

Country:

Telephone:

Telephone:

Email:

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Address for correspondence: ☐ Home ☐ Office

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IAQP (UK) Add £27.00 to BINDT annual subscription

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Title	Ref no	Issue no	Revision	Issue date	Authorised by
Application for IAQP Membership	IAQP02	3	0	13.03.18	D Gilbert