



# The Professional Thermographers Association

## Membership Application Form (Part 1)

**Please complete both pages of this form and  
return via fax, mail, or email to:**

**Professional Thermographers Association  
14900 Interurban Ave. South, Suite 225, Tukwila, WA 98168  
Fax: 206-568-4437  
Email: [viki@prothermographer.com](mailto:viki@prothermographer.com)**

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Job title: \_\_\_\_\_  
Address 1: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Address 2: \_\_\_\_\_ Country: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Hm. Phone: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Website: \_\_\_\_\_

### Code of Ethics:

At the Professional Thermographers Association, we are proud of our reputation for excellence. This reputation is based on years of commitment to the highest ethical standards and professionalism in the infrared industry, and the guiding business values and ethics that we must all abide by.

At the Professional Thermographers Association, all of our business relationships with our members, students, employees, suppliers and host communities rest on a foundation of integrity and trust. Everyone's success in this industry is dependent on each individual, and their company's commitment to these enduring values and understanding that no success is worth the expense of compromising their ethical behavior. All of our members uphold this comment to these ethical standards and professionalism in their businesses practices.

### Membership Questionnaire:

I am a Certified Thermographer:  Yes  No:

If yes, what is your current level of certification \_\_\_\_\_

Where did you obtain this certification \_\_\_\_\_ Year Certified \_\_\_\_\_

### I am involved with Infrared Thermography:

As someone who provides services, products, or information to people and companies in the field of infrared imaging

(Check all that apply):

- Manufacturer*                       *Instructor*  
 *Manufacturer Representative*     *Infrared Consultant*  
 *Related Technology Vendor*       *Other* \_\_\_\_\_

- As someone who is involved with an in-house infrared imaging program  
 As someone who is just getting started in the field of infrared thermography  
 As someone who had been an active thermographer in the past and now enjoys contributing to the industry

Other \_\_\_\_\_

### What applications are you involved with or do you expect to be involved with?

(Check all that apply)

- Electrical                                       Process Monitoring & Control  
 Mechanical                                     Research and Development  
 Roofs     Thermal Night Vision  
 Building Envelope                            Government/Military  
 Nondestructive Materials Testing        Equine  
 Refractory                                       Medical  
 Quality Control/Quality Assurance

Other \_\_\_\_\_



# The Professional Thermographers Association

## Membership Application Form (Part 2)

Please complete both pages of this form and return via fax, mail, or email to:

Professional Thermographers Association  
14900 Interurban Ave. South, Suite 225, Tukwila, WA 98168  
Fax: 206-568-4437  
Email: [wiki@prothermographer.com](mailto:wiki@prothermographer.com)

Please check the membership box that applies to you:

**Individual Standard annual membership to the PTA - \$25.00 US**

Individual Standard Memberships are for individuals who want the ability to post messages on the message boards as well as have the ability to access online infrared reference material and have their name listed under a corporate account listing.

**Individual Student annual membership to the PTA - \$100.00 US (Cost included in PTA Training Fee)**

Individual Student Memberships are for individuals who have chosen training through the Professional Thermographer's Association. This membership provides the same benefit as the Individual/Standard members plus the ability to gain access to online PTA Infrared Training Resources, Materials, and Exams for certification. **The cost of this membership is included in the student's PTA training fee. For information on our training opportunities, visit [www.prothermographer.com](http://www.prothermographer.com).**

**Individual Professional annual membership to the PTA - \$100.00 US**

Individual Professional Memberships are for individuals who want the same benefit as the Individual/Standard members plus the ability to have their corporate account listing linked to an individual membership profile web page, which would include a detailed biography, work history, certification status, and photo.

**Corporate Standard annual membership to the PTA - \$125.00 US**

Corporate Standard Memberships are for companies who want their corporate account listing linked to an expanded corporate profile web page that would include details on the Company Name, Address, Phone, Fax, Email, and Web Site address. The Corporate Standard membership includes one Individual/Standard membership with all the associated benefits. Corporate Standard members also have the ability to add additional individual member listings to their corporate profile web page.

**Corporate Executive annual membership to the PTA - \$150.00 US**

Corporate Executive Memberships are for companies who want the same benefit as the Corporate Standard membership plus the ability to expand their corporate web profile page to include their company logo and a company brief. Corporate Executive members also have the ability to add additional links from their corporate profile web page to individual membership profile web pages.

### Signature:

By signing this application I hereby agree to abide by the code of ethics of the Professional Thermographers Association, and vow to uphold these values of integrity and trust in my every day business practices.

Date \_\_\_\_\_ Signature \_\_\_\_\_

### Method of Payment:

Enclosed please find my payment for \$\_\_\_\_\_ for my one-year membership in the Professional Thermographers Association.

Check  Credit Card (Visa)  Credit Card (Mastercard)  Bill Me

Purchase order/Credit Card Number CC exp.date \_\_\_\_\_

Name/Title of authorized purchaser \_\_\_\_\_

Note: you will need Acrobat 7 or later to utilize the digital signature and submit features of this form. If you do not have a full version of Acrobat, feel free to print this form and mail it or fax it to us at the address below.

14900 Interurban Ave. South Suite 225 Tukwila, WA 98168 Phone: 206-328-3930 Fax: 206-568-4437

[www.prothermographer.com](http://www.prothermographer.com)