

APPLICATION FOR MEMBERSHIP

APPLICANT COMPANY:	
Address:	
TELEPHONE No.:	
Fax No.:	
COMPANY REPRESENTATIVE:	
TITLE:	
E-MAIL ADDRESS:	
 Letter from QCCC confirming that there are no outstanding grievances. Signature from a director of the company confirming that the applicant's company is signatory to the QCCC/NDTMA collective agreement. Incorporation Certificate and copy of last annual report List of all current shareholders. f accepted, we confirm that we are signatory to the Quality Control agreement and hereby agree to abide by the Constitution and By-Laws of the Association.	
Signature of Company Director J Executed under Company Seal	
Send one copy to:	Gerry Sieben, Executive Director NDT Management Association 12271 Horseshoe Way, Richmond, B. C. V7A 4V4

Email Address: info@NDTMA.ca