



NON-DESTRUCTIVE TESTING SOCIETY OF SINGAPORE/NATIONAL AEROSPACE NDT BOARD APPLICATION FORM

Basic Requirement

To be qualified as a Corporate Member of Non-Destructive Testing Society of Singapore/National Aerospace Non-Destructive Testing Board (NDTSS/NANDTB), the applicant must be a Company in the Aerospace industry involved in Non Destructive Testing activities.

Important Notes:

- 1. Kindly complete Section A of this form in **BLOCK** letters.
- 2. Please attach a photocopy of your Company's Certificate of Registration.
- 3. All information to be provided. If not applicable, please enter "N/A".
- 4. All information provided shall be treated as Private and Confidential.
- 5. Fees: Initial registration fee = \$\$200

Class Type	No. of NDT personnel	1 Year	5 Years
		Membership fee (S\$)	Membership fee (S\$)
Α	> 40	800	4000
В	20 - 40	600	3000
С	5 – 19	350	1750
D	< 5	250	1250

Note: Please pay your membership fees via one (1) of the following means:

- i. To deposit your payment in the NDTSS designated bank account, with your membership no or full name as reference at any United Overseas Bank Ltd Account No:107-308-606-5 or via UEN: S97SS0132J.
- ii. Once done, please alert NDTSS by email: membership@ndtss.org.sg and treasurer@ndtss.org.sg

Non-Destructive Testing Society (Singapore)

9, Jurong Town Hall Road, #02-21, Singapore – 609431





(A) PARTICULARS OF APPLICANT (TO BE COMPLETED BY APPLICANT)

Name of Company:			
Business Address:			
ACRA / ROS Registration company registration	sed companies, local		
Country of Incorporation (If wholly foreign-owned of origin:	subsidiary, please state Country		
Year(s) of Establishment:		No. of Employees:	
Website Address:			
Name and Designation	of Representative:		
Number of NDT persor	nnel in Organisation:		
Email Address:			
Telephone No.:			





Nature of Business (Tick one)	□ Professional Institution / IHL □ Trade Associations / Societies □ Private Limited □ Sole Proprietorship	□ Public Listed Company □ Partnership □ Others (please specify) ————
Business Sector (Tick one)	□ MRO□ Airlines□ Manufacturers□ Regulators	□ Consulting Services □ Education & Training □ Professional & Business Services □ Others (please specify) ————

	Membership Fee (S\$)	Amount paid (\$\$)
Initial Fee	200	
(Not applicable for renewal)		
Class Type (A or B or C or D)	Class A	
	Class B	
	Class C	
	Class D	
Total Amount Paid (\$\$)		

I certify that the information given herein is correct and true to the best of my knowledge.

Name and Designation / Date	Signature / Company Stamp
(Person signing must be authorized signatory of company, i.e. President, Executive Director, CEO, GM, Quality Manager, or Company Secretary)	





(B) FOR OFFICIAL USE ONLY

Endorsements by NDTSS/NANDTB:

Proposed by 1 st member	Name and Signature / Date
Seconded by 2 nd member	Name and Signature / Date
ACCEPTED / REJECTED (*) (Circle one)	Reasons for Rejection/Provisional Acceptance (If applicable)

Confirmation by Membership Committee:

Membership Approval Date:	Membership No: