AUSTRALIAN PROFESSIONAL THERMOGRAPHY ASSOCIATION INC.

CORPORATE SPONSORSHIP APPLICATION (2017)

Company: _____

Address: _____

_____

_____ Post Code: _____ Country: _____

Phone: _____ Email: _____

Corporate Sponsorship includes your Corporations logo added to the 'Corporate Members' area which features on our web site www.auspta.asn.au

State / Location: ☐ NSW & ACT ☐ Victoria ☐ Queensland ☐ South Australia ☐ Western Australia ☐ Northern Territory ☐ Tasmania ☐ International

AUSPTA User Groups*: ☐ Building Sc ☐ Electrical ☐ R & D ☐ Mechanical ☐ Medical ☐ Aviation ☐ Marine ☐ Civil & Govt ☐ Veterinary ☐ Surveillance ☐ Mining ☐ Other: _____

Supporting evidence must be supplied for the Industry User Group(s) being applied for.

2017 Sponsorship fees

☐ Silver Sponsorship $1250.00* ☐ Gold Sponsorship $2050.00* ☐ Platinum Sponsorship $2950.00*

Sponsorship includes Corporate Membership - 1 voting member and 3 non voting affiliate members**.

*Note: Per year from date of joining.

** Note: See pages 2 - 5 to nominate 1 voting member and 3 non voting affiliate members.

*** Note: Corporate Members are ineligible to hold a position on either the Executive or Committee of AUSPTA Inc.

Payment method:

☐ Direct Deposit to AUSPTA, Bendigo Bank Dingley Village BSB No. 633 000 Account No. 142740752
Please email remittance advice to: admin@auspta.asn.au or Fax to: 02 9476 2458

☐ Cheque enclosed payable to Australian Professional Thermography Association Incorporated;
C/- PO Box 3154 Asquith NSW 2077

AUSPTA Contacts:

President: Shawn Moore, P: 02 4268 1197 M: 0418 837 102
Vice President: Steve Bowman, M: 0425 758 820 F: 03 9445 9298
Secretary: Daniel Campbell, P: 02 9477 2168 M: 0411 127 412 F: 02 9476 2458
Honorary Treasurer: Andrew Campbell, P: 02 9477 2168 M: 0419 014 084 F: 02 9476 2458

For AUSPTA use only: Date payment received: _____DD / Cheque / MO Ref #_____

Ledger Entered: Y / N M/Ship No:_____ Lvl: B / 1 / 2 M/Ship No:_____ Lvl: CA

M/Ship No:_____ Lvl: CA M/Ship No:_____ Lvl: CA

website: www.auspta.asn.au **email: admin@auspta.asn.au**

There's more to Thermography than meets the eye.

CORPORATE SPONSORSHIP APPLICATION (2017)

First applicant (Voting Member)

Title: _____ Name: _____ Date of birth: _____

Phone: _____ Email (required): _____

Statement:

I, _____
(*Name and occupation*)

of _____
(*Address*)

apply to become a member of the Australian Professional Thermography Association (AUSPTA). Please note, if I am applying to become a Full Member, I have selected one of the following AUSPTA membership Grades:

☐ Basic ☐ Level 1 ☐ Level 2

In support of the above AUSPTA membership Grade I am applying for, I am willing and able to provide details of education, training, qualifications and experience.

Should this application be accepted, as a member of AUSPTA, I agree to be bound by the Code of Conduct, a copy of which is attached. I also agree to be bound by statutory requirements and the Constitution and Rules of the Association.

In the event of resigning or becoming an unfinancial member I agree to:-

1. Cease to use or distribute any AUSPTA stationary, documentation or forms.
2. Remove all AUSPTA logos, stickers and insignia from business premises, offices, vehicles or any other place which could give the (misleading) impression I remain a financial member of AUSPTA.

First applicant's signature: _____ Date: _____

☐ **Please forward an electronic or hard copy of a passport sized photo with your application (for I.D. card).**

Note: Proposer and Seconder must both be financial Full Members

Proposed by: _____ Member No: _____

Proposer's signature: _____ Date: _____

Seconded by: _____ Member No: _____

Seconder's signature: _____ Date: _____

We are able to receive electronic confirmation via email, from your proposer and seconder as an alternative to signatures on a hard copy application. Please ensure the email is sent to the Secretary and notes the person they are proposing or seconding.

Committee Approval Date: _____

President's signature: _____ Date: _____

CORPORATE SPONSORSHIP APPLICATION (2017)

Second applicant (Non - Voting Affiliate Member)

Title: _____ Name: _____ Date of birth: _____

Phone: _____ Email (required): _____

Statement:

I, _____
(*Name and occupation*)

of _____
(*Address*)

apply to become a member of the Australian Professional Thermography Association (AUSPTA). As part of our Company applying for Corporate Membership of AUSPTA, I have applied to be an affiliate member as per AUSPTA's Membership Grades and Categories (AUSPTA doc 006):

☐ Affiliate

Should this application be accepted, as a member of AUSPTA, I agree to be bound by the Code of Conduct, a copy of which is attached. I also agree to be bound by statutory requirements and the Constitution and Rules of the Association.

In the event of resigning or becoming an unfinancial member I agree to:-

1. Cease to use or distribute any AUSPTA stationary, documentation or forms.
2. Remove all AUSPTA logos, stickers and insignia from business premises, offices, vehicles or any other place which could give the (misleading) impression I remain a financial member of AUSPTA.

Second applicant's signature: _____ Date: _____

☐ **Please forward an electronic or hard copy of a passport sized photo with your application (for I.D. card).**

Note: Proposer and Seconder must both be financial Full Members

Proposed by: _____ Member No: _____

Proposer's signature: _____ Date: _____

Seconded by: _____ Member No: _____

Seconder's signature: _____ Date: _____

We are able to receive electronic confirmation via email, from your proposer and seconder as an alternative to signatures on a hard copy application. Please ensure the email is sent to the Secretary and notes the person they are proposing or seconding.

Committee Approval Date: _____

President's signature: _____ Date: _____

Third applicant (Non - Voting Affiliate Member)

Title: _____ Name: _____ Date of birth: _____

Phone: _____ Email (required): _____

Statement:

I, _____
(*Name and occupation*)

of _____
(*Address*)

apply to become a member of the Australian Professional Thermography Association (AUSPTA). As part of our Company applying for Corporate Membership of AUSPTA, I have applied to be an affiliate member as per AUSPTA's Membership Grades and Categories (AUSPTA doc 006):

☐ Affiliate

Should this application be accepted, as a member of AUSPTA, I agree to be bound by the Code of Conduct, a copy of which is attached. I also agree to be bound by statutory requirements and the Constitution and Rules of the Association.

In the event of resigning or becoming an unfinancial member I agree to:-

1. Cease to use or distribute any AUSPTA stationary, documentation or forms.
2. Remove all AUSPTA logos, stickers and insignia from business premises, offices, vehicles or any other place which could give the (misleading) impression I remain a financial member of AUSPTA.

Third applicant's signature: _____ Date: _____

☐ **Please forward an electronic or hard copy of a passport sized photo with your application (for I.D. card).**

Note: Proposer and Seconder must both be financial Full Members

Proposed by: _____ Member No: _____

Proposer's signature: _____ Date: _____

Seconded by: _____ Member No: _____

Seconder's signature: _____ Date: _____

We are able to receive electronic confirmation via email, from your proposer and seconder as an alternative to signatures on a hard copy application. Please ensure the email is sent to the Secretary and notes the person they are proposing or seconding.

Committee Approval Date: _____

President's signature: _____ Date: _____

CORPORATE SPONSORSHIP APPLICATION (2017)

Fourth applicant (Non - Voting Affiliate Member)

Title: _____ Name: _____ Date of birth: _____

Phone: _____ Email (required): _____

Statement:

I, _____
(*Name and occupation*)

of _____
(*Address*)

apply to become a member of the Australian Professional Thermography Association (AUSPTA). As part of our Company applying for Corporate Membership of AUSPTA, I have applied to be an affiliate member as per AUSPTA's Membership Grades and Categories (AUSPTA doc 006):

☐ Affiliate

Should this application be accepted, as a member of AUSPTA, I agree to be bound by the Code of Conduct, a copy of which is attached. I also agree to be bound by statutory requirements and the Constitution and Rules of the Association.

In the event of resigning or becoming an unfinancial member I agree to:-

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2. Remove all AUSPTA logos, stickers and insignia from business premises, offices, vehicles or any other place which could give the (misleading) impression I remain a financial member of AUSPTA.

Fourth applicant's signature: _____ Date: _____

☐ **Please forward an electronic or hard copy of a passport sized photo with your application (for I.D. card).**

Note: Proposer and Seconder must both be financial Full Members

Proposed by: _____ Member No: _____

Proposer's signature: _____ Date: _____

Seconded by: _____ Member No: _____

Seconder's signature: _____ Date: _____

We are able to receive electronic confirmation via email, from your proposer and seconder as an alternative to signatures on a hard copy application. Please ensure the email is sent to the Secretary and notes the person they are proposing or seconding.

Committee Approval Date: _____

President's signature: _____ Date: _____

CODE OF CONDUCT

The Guiding Principles of the Code:

Members to uphold and advance the integrity and credibility of the thermography profession by:

I. Using their knowledge and skill for the betterment of the broader community;

II. Being honest and impartial, and reliably serving their clients (including their employers) and the public;

and

III. Striving to improve the quality and increase the competence of the thermography profession.

The Basis of Conduct:

1. Members shall hold paramount the safety, health and welfare of the public in the performance of their professional duties.
2. Members shall perform services only in the areas of their competence; they shall build their professional reputation on the merit of their services and shall not compete unfairly with others.
3. Members shall continue their professional development throughout their careers and shall provide opportunities for the professional and ethical development of those Thermographers under their supervision.
4. Members shall act in professional matters for each employer or client as faithful agents or trustees, and shall avoid conflicts of interest or the appearance of conflicts of interest.
5. Members shall respect the proprietary information and intellectual property rights of others, including other professional associations in the thermography field.
6. Members shall associate only with reputable persons or organizations.
7. Members shall issue public statements only in an objective and truthful manner and shall avoid any conduct which brings discredit upon the profession.
8. Members shall consider environmental impact and sustainable development in the performance of their professional duties.
9. Members shall not seek ethical sanction against another Member unless there is good reason to do so under relevant codes, policies and procedures governing that Thermographers ethical conduct.

Members of the AUSPTA shall endeavour to abide by the Constitution, By-Laws and Policies of AUSPTA, and they shall disclose knowledge of any matter involving another member's alleged violation of this Code of Conduct in a prompt, complete and truthful manner to the AUSPTA President and Executive.

LICENCE AGREEEMENT

Terms of Use of AUSPTA Logo and related Promotional Material

I understand that any financial, voting, Individual, Business or Corporate member of AUSPTA may use the Association logo, marketing materials and signage to promote their business or in their business activities to the level they are professionally qualified.

Unauthorised use or Sub-Licensing of any AUSPTA promotional items is strictly prohibited. Use of AUSPTA promotional items in the propriety documentation of any member of AUSPTA shall not be seen as approval of that documentation by the AUSPTA Executive and Committee. Prior approval for this type of usage of AUSPTA materials must be obtained from the AUSPTA Executive and Committee.

Where a financial Individual Member of AUSPTA is employed by a Business or Corporation who is not a member of AUSPTA, the logos shown above and/or related promotional material *must not* be used by those entities.

Any non-financial, suspended or expelled Individual, Business or Corporate member of AUSPTA is not permitted use of *any* Association logo, marketing materials or signage. All AUSPTA logos, decals and insignia must be removed from business premises, offices, vehicles or any other place that could give the misleading impression they remain a member of AUSPTA.

I understand and acknowledge that specific logo use guidelines may be updated periodically and updates will be posted on the Association website www.auspta.asn.au. I agree to accept the terms of such guide lines, and accept it is my responsibility to stay current with these terms.

This agreement applies beyond the cessation of a members association with AUSPTA.

I have read the AUSPTA licence agreement and hereby agree and consent to the terms of use in their entirety.

Name _____ Organisation _____

Position _____

Signature _____ Date _____