



(Membership Form)
Filmfree Digital Radiography Centre of Excellence

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Download the form, edit it to provide all the details and send it via email or fax.

EMPLOYMENT / COMPANY DETAILS		
Company Name:		
Street Address:		
City:		
State:	Zip/Postal Code:	Country:
Phone Number:		Fax Number:
Job Title:		
INDUSTRY / SECTOR CONCERNED		
(Tick the concerned area in front of it)		
Aerospace <input type="checkbox"/>	Defence <input type="checkbox"/>	
Automotive <input type="checkbox"/>	Medical <input type="checkbox"/>	
Construction & Engineering <input type="checkbox"/>	Oil, Gas & Chemical <input type="checkbox"/>	
Marine <input type="checkbox"/>	Power Generation <input type="checkbox"/>	
Railways <input type="checkbox"/>	Pipeline Industry <input type="checkbox"/>	
Others <input type="checkbox"/> (Please Specify):		
MEMBERSHIP TYPE		
(Tick the concerned area in front of it)		
Corporate / Company <input type="checkbox"/>	Research Organisation <input type="checkbox"/>	
Individual Member <input type="checkbox"/>	Other EC/Local Funded Projects <input type="checkbox"/>	
Government / Public Sector <input type="checkbox"/>	Research Engineers <input type="checkbox"/>	
Training Organisation <input type="checkbox"/>	Practicing NDT Professionals <input type="checkbox"/>	
University / College Establishment <input type="checkbox"/>	Government Regulatory Bodies <input type="checkbox"/>	
Project-specific Requirement <input type="checkbox"/>		
ANNUAL REGISTRATION FEES		
Initial registration fees between 1 st April 2010 to 31 st July 2010 is FREE After 31 st July 2010, registration fees charged is 720 GBP annually (Price exclusive of 17.5% VAT, applicable for UK and Europe customers only)		

PAYMENT MODE			
(Tick the concerned area in front of it)			
Credit Card: <input type="checkbox"/>	Cheque (UK only): <input type="checkbox"/>	Bank Transfer: <input type="checkbox"/>	Invoice Required: <input type="checkbox"/>
CREDIT CARD INFORMATION			
(Fill details, if Payment Mode is Credit Card)			
Customer Name:			
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
Credit Card Number:			Expiration Date:
Name as it appears on Credit Card:			CVC2 Code:
Payment Amount (in GBP):			
Signature:			Date:
CREDIT CARD BILLING ADDRESS			
Street Address:			
City:			
State:	Zip/Postal Code:		Country:
Phone Number:			Fax Number:

-----**Terms and Conditions**-----

Made available on request.