



APPLICATION FOR MEMBERSHIP
NATIONAL TOOLING & MACHINING ASSOCIATION

6363 Oak Tree Blvd, Independence OH 44131
 (800) 248-6862 ♦ Fax: (216) 901-9190
 www.ntma.org

For NTMA Use Only

Member # _____
 Chapter # _____
 Check # _____
 Amount _____
 Date Received _____

Membership Category:

- Regular Membership (Precision Custom Manufacturer)
- National Associate (Supplier)
- Educational Institution (School, College, Technical Center, etc.)
- Educator (Individual – one contact only)

Company/Institution Name _____

Mail Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Web Site _____ No. of Full Time Employees _____

(including office personnel and owners active in the business)

Principal interest in joining _____

REGULAR MEMBERS ONLY

Our firm is a:

- Proprietorship
- Partnership
- Limited Liability Corporation
- Chapter C Corporation
- Subchapter S Corporation

My Company:

- Does Government Contracting
- Is minority owned
- Is woman owned

Principal Contact #1: Mr. Ms. Dr.

Title _____

Telephone Ext. _____

E-Mail Address _____

Area(s) of Interest (check all that apply)

<input type="checkbox"/> Business Management	<input type="checkbox"/> Discount Programs
<input type="checkbox"/> Finance	<input type="checkbox"/> Education/ Training
<input type="checkbox"/> Government Affairs	<input type="checkbox"/> Insurance – P&C
<input type="checkbox"/> Insurance – Health	<input type="checkbox"/> Local Chapter Activities
<input type="checkbox"/> Marketing	<input type="checkbox"/> Meetings (National)
<input type="checkbox"/> Networking	<input type="checkbox"/> Technology

Principal Contact #2: Mr. Ms. Dr.

Title _____

Telephone Ext. _____

E-Mail Address _____

Area(s) of Interest (check all that apply)

<input type="checkbox"/> Business Management	<input type="checkbox"/> Discount Programs
<input type="checkbox"/> Finance	<input type="checkbox"/> Education/ Training
<input type="checkbox"/> Government Affairs	<input type="checkbox"/> Insurance – P&C
<input type="checkbox"/> Insurance – Health	<input type="checkbox"/> Local Chapter Activities
<input type="checkbox"/> Marketing	<input type="checkbox"/> Meetings (National)
<input type="checkbox"/> Networking	<input type="checkbox"/> Technology

Fees due at time of application:

- ♦ **Processing Fee** (\$100) or **Reinstatement Fee** (\$50) – Regular or National Associate Membership
- ♦ **Annual Dues-** Regular Membership dues are based on the number of full-time employees. National Associate dues are based on sales. Please contact info@ntma.org for a dues quote for your specific company. Payment for dues must be submitted with application.

Processing or Reinstatement Fee: _____

This is a:

Annual Dues: + _____

New Membership

TOTAL: = _____

Reinstatement

Check Enclosed Please bill my credit card: American Express MasterCard Visa

Card No: _____ Expires _____

I UNDERSTAND THAT MEMBERSHIP IS ON AN ANNUAL BASIS AND AUTOMATICALLY RENEWS FROM YEAR-TO-YEAR. MEMBERS MAY RESIGN AT ANY TIME BY SUBMITTING WRITTEN NOTICE TO THE NTMA FORT WASHINGTON OFFICE AND ARE LIABLE FOR DUES AMOUNTS OWED THROUGH RESIGNATION DATE. I HEREBY GIVE NATIONAL TOOLING & MACHINING ASSOCIATION EXPRESS WRITTEN PERMISSION TO SEND ME COMMUNICATIONS, INCLUDING ADVERTISING, AT THE ABOVE TELEPHONE NUMBER, FACSIMILE NUMBER AND EMAIL ADDRESS.

Signature: _____ Date: _____

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Referring Member Name and Company (if any): _____

RMD	File _____
Chapter Exec.	
Accounting	NMK

Regional Membership Director _____ Chapter _____