



APPLICATION FOR MEMBERSHIP
NATIONAL TOOLING & MACHINING ASSOCIATION

1357 Rockside Rd, Cleveland OH 44134
(800) 248-6862 ♦ Fax: (216) 264-2840
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)

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

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

- Business Management, Discount Programs, Government Affairs, Insurance - Health, Marketing, Networking, Finance, Education/ Training, Insurance - P&C, Local Chapter Activities, Meetings (National), Technology

Owner/President: Mr. Ms. Dr.
Title
Telephone Ext.
E-Mail Address

HR Contact (if applicable): Mr. Ms. Dr.
Title
Telephone Ext.
E-Mail Address

Operations Manager (if applicable): Mr. Ms. Dr.
Title
Telephone Ext.
E-Mail Address

Sales Contact (if applicable): Mr. Ms. Dr.
Title
Telephone Ext.
E-Mail Address

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:
Annual Dues: +
TOTAL: =

This is a:
New Membership
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 INDEPENDENCE OH 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):

Regional Membership Director Chapter

RMD Chapter Exec. Accountina File NMK