



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:

- |   |  |
|---|--|
| <input type="checkbox"/> Regular Membership (Precision Custom Manufacturer) | <input type="checkbox"/> Educator (Individual – one contact only)                          |
| <input type="checkbox"/> National Associate (Supplier)                      | <input type="checkbox"/> Educational Institution (School, College, Technical Center, etc.) |

Company Name _____	Website _____
Physical Address _____	Phone _____ Fax _____
City _____	State _____ Zip _____
Mailing/Billing Address _____	
City _____	State _____ Zip _____
Primary Contact _____	Title _____ Email _____
Secondary Contact _____	Title _____ Email _____

No. of Full Time Employees \_\_\_\_\_ (Including office personnel and owners active in the business)

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

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

**Key Employees:**

President/CEO _____	Email _____
Chief Financial Officer _____	Email _____
Sales & Marketing _____	Email _____
Quality _____	Email _____
HR/Training _____	Email _____
Plant Manager _____	Email _____
Accounts Payable _____	Email _____

**Emerging Leaders:** Those on a path of professional growth and would benefit from interaction with others in similar stages of leadership development.

Name _____	Title _____	Email _____
Name _____	Title _____	Email _____
Name _____	Title _____	Email _____

<b>Company's Primary Industry Sector (select one)</b>
<input type="checkbox"/> Aerospace Machining & Fabrication <input type="checkbox"/> Diversified <input type="checkbox"/> General Precision Machining <input type="checkbox"/> Metal Fabrication & Stamping <input type="checkbox"/> Molds <input type="checkbox"/> Production Operations <input type="checkbox"/> Tools, Dies & Fixtures

<b>Company's Primary Customer(s) – Select no more than 2</b>
<input type="checkbox"/> Aerospace & Ordnance <input type="checkbox"/> Automotive <input type="checkbox"/> Electrical & Electronics <input type="checkbox"/> Fabricated Metal Products <input type="checkbox"/> Food Processing & Packaging <input type="checkbox"/> Medical <input type="checkbox"/> Mining, Construction & Agriculture. <input type="checkbox"/> Oil & Gas

<b>Our Company is ...</b>		
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> C Corporation <input type="checkbox"/> Sub Chapter S Corporation <input type="checkbox"/> Does Government Contracting	<input type="checkbox"/> Minority Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Woman Owned

Company Name: \_\_\_\_\_

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](mailto:info@ntma.org) for a dues quote for your specific company. Payment for dues must be submitted with application

This is a:  New Membership  Reinstatement

Processing or Reinstatement Fee: \_\_\_\_\_

Annual Dues: + \_\_\_\_\_

TOTAL: = \_\_\_\_\_

Referring Member Name and Company (if any)

\_\_\_\_\_

Regional Membership & Chapter Services Director \_\_\_\_\_

### Acknowledgement

“I understand and accept that by signing this Membership Application I am being afforded membership on an annual basis which automatically renews from year to year unless cancelled by the Member or Association in advance of renewal. To resign as a Member in good standing (and, therefore, to be eligible in the future for readmission to membership), all Member dues must be paid through and including the end of the year of resignation. To resign, a Member must send written notice to the national office located in Cleveland, Ohio, along with all back dues and the balance of dues for the year of resignation. I hereby give the National Association express written consent to send me communications and advertising material at any of the telephone numbers, fax numbers and e-mail addresses contained in my Application as same may be modified from time to time.”

Signature \_\_\_\_\_ Date \_\_\_\_\_



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**MEMBERSHIP INITIATION & DUES PAYMENT AUTHORIZATION FORM**

Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Amount to Pay \$ \_\_\_\_\_

Check Enclosed    Check # \_\_\_\_\_

American Express     MasterCard     Visa

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date \_\_\_\_\_

Email copy of invoice and receipt to: \_\_\_\_\_