



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





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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: \_\_\_\_\_