APPLICATION FOR MEMBERSHIP

NATIONAL TOOLING & MACHINING ASSOCIATION

1357 Rockside Road, Cleveland, Ohio 44134
(800) 248-6862 * Fax: (216) 264-2840
www.ntma.org

NTMA USE ONLY	
MEMBER #	
CHAPTER #	
CHECK #	
AMOUNT	
DATE RECEIVED	

MEMBER CATEGORY

- ☐ Regular Membership (Precision Custom Manufacturer
- ☐ National Associate Membership (Supplier)
- ☐ Educator Member *(individual - person only)*
- ☐ Educational Institution Member *(school, college, tech center)*

COMPANY INFORMATION

COMPANY NAME	WEBSITE	
PHYSICAL ADDRESS	**PHONE**	**FAX**
CITY	**STATE**	**ZIP**

MAILING/BILLING ADDRESS		
CITY	**STATE**	**ZIP**
PRIMIARY CONTACT	**TITLE**	**E-MAIL**
SECONDARY CONTACT	**TITLE**	**E-MAIL**

NUMBER OF FULL TIME EMPLOYEES* ☐ * Including office personnel and owners active in the business

AREA(S) OF INTEREST *(CHECK ALL THAT APPLY)*

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

KEY EMPLOYEES

PRESIDENT	E-MAIL	PHONE
CFO	**E-MAIL**	**PHONE**
SALES & MARKETING	**E-MAIL**	**PHONE**
QUALITY	**E-MAIL**	**PHONE**
HR/TRAINING	**E-MAIL**	**PHONE**
PLANT MANAGER	**E-MAIL**	**PHONE**
ACCOUNTS PAYABLE	**E-MAIL**	**PHONE**

EMERGING LEADERS *(THOSE ON A PATH OF PROFESSIONAL GROWTH & WOULD BENEFIT FROM INTERACTION WITH OTHER IN SIMILARSTAGES OF LEADERSHIP DEVELOPMENT)*

NAME		TITLE		E-MAIL	
NAME		TITLE		E-MAIL	
NAME		TITLE		E-MAIL	

COMPANY'S PRIMARY INDUSTRY SECTOR *(SELECT ONE)*

- ☐ Aerospace Machining & Fabrication
- ☐ Diversified
- ☐ DOD/Government Contracting
- ☐ General Precision Machining
- ☐ Metal Fabrication & Stamping
- ☐ Molds
- ☐ Production Operations
- ☐ Tools, Dies & Fixtures

COMPANY'S PRIMARY CUSTOMER(S) *(SELECT NO MORE THAN TWO)*

- ☐ Aerospace & Ordnance
- ☐ Automotive
- ☐ Electrical & Electronics
- ☐ Febricated Metal Products
- ☐ Firearms
- ☐ Food Processing & Packaging
- ☐ Medical
- ☐ Mining, Construction & Agriculture
- ☐ Nuclear
- ☐ Oil & Gas
- ☐ Space/Satellites

COMPANY DETAILS

- ☐ Proprietorship
- ☐ Partnership
- ☐ Limited Liability Corporation
- ☐ C Corporation
- ☐ Sub Chapter S Corporation
- ☐ Minority Owned
- ☐ Veteran Owned
- ☐ Woman Owned

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COMPANY NAME

PAYMENT DUE AT TIME OF APPLICATION

Regular membership dues are based on the number of full time employees. National Associate, Educational Institution and Educator member dues are a flat fee. Contact info@ntma.org for a dues quote for your specific company. Payment for dues is required to be submitted with the application.

CHECK THE BOX THAT APPLIES TO THIS MEMBERSHIP APPLICATION

- ☐ NEW MEMBER
- ☐ REINSTATEMENT

TOTAL AMOUNT OF ANNUAL DUES	$

REFERRING MEMBER NAME (IF APPLICABLE)

APPLICATION 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 communciations and advertising material at any of the telephone numbers, fax numbers and e-mail addresses contained in my Aplication as same may be modififed from time to time. I also agree to adhere to the NTMA Code of Conduct that is attached.

NAME OF AUTHORIZED COMPANY EMPLOYEE

SIGNATURE	DATE

MEMBERSHIP DUES PAYMENT AUTHORIZATION FORM

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PAYEE INFORMATION

COMPANY NAME	CONTACT	
PHYSICAL ADDRESS	**PHONE**	**FAX**
CITY	**STATE**	**ZIP**

AMOUNT TO PAY $

FORM OF PAYMENT

☐ Check Enclosed Check Number _____ *NOTICE THERE IS A $25 CHARGE FOR A RETURNED CHECK*

☐ American Express ☐ MasterCard ☐ VISA ☐ ACH

CREDIT CARD INFORMATION

CARD NUMBER	EXPIRATION DATE	CVV	ZIP CODE

CARDHOLDER NAME

CARDHOLDER SIGNATURE | **DATE**

E-MAIL FOR COPY OF INVOICE AND RECEIPT

SIGNATURE OF AUTHORIZING PARTY

BANKING INFORMATION (ACH)

NAME ON CHECK

ACCOUNT TYPE

☐ Checking ☐ Savings

ROUTING NUMBER

ACCOUNT NUMBER