



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 () _____

Website _____ 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

Please Note Below the Primary and Secondary Contact(s) Within your Company:

The Primary Contact receives all NTMA messages and Secondary Contact(s) serve as a back-up to communicating with the Primary Contact

Owner/President: Mr. Ms. Dr.

Title _____

E-Mail Address _____

Contact Type: Primary Secondary

HR Contact (if applicable): Mr. Ms. Dr.

Title _____

E-Mail Address _____

Contact Type: Primary Secondary

Operations /Plant Contact (if applicable): Mr. Ms. Dr.

Title _____

E-Mail Address _____

Contact Type: Primary Secondary

Sales Contact (if applicable): Mr. Ms. Dr.

Title _____

E-Mail Address _____

Contact Type: Primary Secondary

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 CLEVELAND 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.

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Signature: _____ Date: _____

Referring Member Name and Company (if any): _____

RMD _____ File _____
Chapter Exec. _____
Accounting _____ NMC _____

Regional Membership Director _____ Chapter _____