



APPLICATION FOR MEMBERSHIP
NATIONAL TOOLING & MACHINING ASSOCIATION

9300 Livingston Road, Fort Washington, MD 20744
 (301) 248-6200 ♦ (800) 248-6862 ♦ Fax: (301) 248-7104
 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)

Principal interest in joining _____

Principal Contact #1: Mr. Ms. Dr.

 Title _____
 Telephone Ext. _____
 E-Mail Address _____
 Area(s) of Interest (check all that apply)

- Business Management
- Discount Programs
- Finance
- Government Affairs
- Education/ Training
- Local Chapter Activities
- Marketing
- Meetings (National)
- Networking
- Technology

Principal Contact #2: Mr. Ms. Dr.

 Title _____
 Telephone Ext. _____
 E-Mail Address _____
 Area(s) of Interest (check all that apply)

- Business Management
- Discount Programs
- Finance
- Government Affairs
- Education/ Training
- Local Chapter Activities
- Marketing
- Meetings (National)
- Networking
- Technology

REGULAR MEMBERS ONLY

Our firm is a:

- Proprietorship
- Partnership
- Limited Liability Corporation
- Chapter C Corporation
- Subchapter S Corporation

We are primarily engaged in:

- Die building
- Die building & production
- Mold building
- Mold building & production
- Precision machining
- Special tooling
- Special tooling production
- Special machine building
- Special machine bldg. & production
- Precision fabricating
- Rapid prototyping

Other Specialties:

Primary NAIC(s), if known

We service the following industries:
 (aerospace, automotive, etc.)

Do you use NIMS standards? _____

My Company:

- Does Government Contracting
- Is minority owned
- Is woman owned

Fees due at time of application:

- ♦ **Initiation Fee (\$100) or Reinstatement Fee (\$50)** – Regular or National Associate Membership
- ♦ **Annual Dues**

Initiation or Reinstatement Fee: _____

This is a:

Annual Dues: _____

New Membership

TOTAL: _____

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 FORT WASHINGTON OFFICE AND ARE LIABLE FOR DUES AMOUNTS OWED THROUGH RESIGNATION DATE.

Signature: _____ Date: _____

Referring Member Name and Company (if any): _____

Regional Membership Director _____ Chapter _____

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RMD _____ File _____
 Chapter Exec. _____ DUEN _____
 Accounting _____ DUEC _____
 NMK Copy _____

RMD Signature _____