



American Measuring Tool Manufacturers Association

8562 East Ave., Mentor, Ohio 44060

Phone: 440-974-6829 Fax: 440-974-6828

E-mail: amtma@amtma.com URL: www.amtma.com

APPLICATION FOR MEMBERSHIP

The undersigned company hereby applies for membership in the American Measuring Tool Manufacturers Association.

Company Name _____

Street Address _____

P.O. Box _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

800 Number _____ e-mail _____

URL _____

I certify that we have _____ employees

Company Classification (see below) _____

Signature _____

Name _____

Title _____

Signature of Sponsoring Member _____

Sponsor's Name & Company _____

AMTMA follows the established American principle of basing amount of membership dues on size of the company. For this purpose "size" is judged by number of employees- including shop, office, sales, and engineering staffs. The AMTMA Code of regulations provide that each member company shall pay regular dues in accordance with the following schedule.

Table with 3 columns: Class, Number Of Employees*, Annual Dues. Rows include A (100 or more, \$1712.00), B (50-99, \$1240.00), C (25-49, \$959.00), D (24 or less, \$613.00), Associate (N/A, \$613.00)

Note: Dues will be invoiced annually. Your first annual dues payment must accompany this application

See page # 2 for membership definitions

* Members are required to furnish annually, upon request, a statement showing the total number of employees as of the week of December 1 of each year to serve as the basis for their annual dues. Member resignations must be received in writing by the Association office and will take effect December 31 of the resignation year. Please note members are obligated to pay their full yearly due amount upon their effective resignation date., December 31 of the resignation year.

ADDITIONAL INFORMATION REQUIRED FOR MEMBERSHIP APPLICATION

* Types of measuring tools Manufactured:

How long has your company been in business _____

Please give the name & title of the person who will represent and be empowered to vote for your company:

Name: _____ Title: _____

Information submitted by: _____ Date : _____

Regular membership

The Regular Membership of the Association shall consist of such corporations, firms or individuals who manufacture, cause to be manufactured to their specifications, or calibrate precision measuring tools, dimensional gages, gage components, gages or other measuring devices for general sale or resale.

Associate Membership

The Professional Membership of the Association consists of corporations, firms or individuals who market or are major users of gages / measuring tools and provide services that are closely related, affected or influenced by the activities, deliberations and discussions of the Association and whose products or services have a direct bearing on the technological fitness of the products manufactured by our members. Associate Members enjoy all the rights and privileges of Regular Members, except they may not vote or belong to the Board of Directors.

PLEASE RETURN THIS MEMBERSHIP APPLICATION TO:

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