



**UNITED STATES CUTTING TOOL INSTITUTE**

## **APPLICATION FOR MEMBERSHIP**

It is our desire to seek membership in the United States Cutting Tool Institute.

Company Name \_\_\_\_\_

Division \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Individual ☐

Partnership ☐

Corporation ☐

President \_\_\_\_\_

Vice President \_\_\_\_\_

Sales Manager \_\_\_\_\_

Name of individual to be listed as your official company representative (for voting purposes): \_\_\_\_\_

According to the USCTI by-laws, we meet the requirements for membership as set forth in Article IV, Section I. We seek membership in the following division(s) of the Institute:

All Other Tooling ☐

Tap & Die ☐

Carbide Tooling ☐

Tool Holder ☐

Drill & Reamer ☐

Substrate Materials ☐

Milling Cutter ☐

Surface Coating ☐

PCD & PCBN ☐

**Please list the types of products manufactured by your company:**

_____	_____
_____	_____
_____	_____
_____	_____

**Note: A company with 25 or fewer employees may join as an “Associate” member. An Associate member is entitled to receive Institute mailings and may participate in Institute meetings, but does not have a vote on Institute matters.**

**(If applicable) We have 25 or fewer employees and seek:**

**Full Membership** ☐

**Associate Membership** ☐

**If elected to membership, we agree to be governed by the Institute by-laws, participate in committee work, attend meetings, and submit data on shipments for the confidential use of the Institute’s Secretary/Treasurer in compiling statistics.**

**Company** \_\_\_\_\_

**Signed By** \_\_\_\_\_

**Title** \_\_\_\_\_  
(name of officer authorizing application)

**Return To: USCTI  
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(216) 241-0105 Fax**