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**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**

**Web URL**

 **Individual** **[ ]  Partnership** **[ ]  Corporation** **[ ]**

**President**

 *Name E-Mail*

**Vice President**

 *Name E-Mail*

**Sales Manager**

 *Name E-Mail*

**Name of individual to be listed as your official company representative (for voting**

**purposes):**

 *Name E-Mail*

**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** **[ ]  PCD & PCBN**

**[ ]  Carbide Tooling** **[ ]  Substrate Materials**

**[ ]  Drill & Reamer** **[ ]  Surface Coating**

**[ ]  Metal Cutting Saw Blades** **[ ]  Tap & Die**

**[ ]  Milling Cutter** **[ ]  Tool Holder**

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

 [ ]  **Full Membership** **[ ]  Associate Membership**

 **[ ]  Related Company Membership**

**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. A company, qualified for full membership, but related to another company, may join as a "Related Company" member of the Institute. A Related Company member is entitled to receive institute mailings and may participate in Institute meetings, but does not have a vote on Institute matters.**

**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.**

**[ ]  We have reviewed the Institute's Dues Schedule and agree to remit dues payment promptly once invoiced.**

**Company**

**Signed By**

**Title**

 **(name of officer authorizing application)**

 **Return To: USCTI**

 **1300 Sumner Avenue**

 **Cleveland, OH 44115-2851**

 **(216) 241-7333 Phone**

  **(216) 241-0105 Fax**

 **uscti@uscti.com**