

APPLICATION FOR MEMBERSHIP

It is our desire to seek member	ership in the United State	es Cutting Tool Institute.	
Company Name			
Division			
Address			
City	State	Zip	
Phone Fa	ax	Email	
Web URL			
Individual 🗌	Partnership 🗌	Corporation	
President		E-Mail	
		E-Mail	
Vice President		E-Mail	
Sales Manager			
Name		E-Mail	
Name of individual to be listed purposes):			
purposes):		E-Mail	
According to the USCTI Bylav forth in Article IV, Section I. W Institute:		nents for membership as set he following division(s) of the	
All Other Tooling		& PCBN	
Carbide Tooling	Sub:	Substrate Materials	
Drill & Reamer Su		ace Coating	

All Other Tooling	PCD & PCBN
Carbide Tooling	Substrate Materials
Drill & Reamer	Surface Coating
Ceramic & Cermet	🗌 Tap & Die
Milling Cutter	Tool Holder

Please list the types of products manufactured by your company:

Plea	se list how many employees you hav	e:			
	Full Membership		Associate Membership		
Related Company Membership					
NOTE: An entity that employs 15 or fewer persons and that is otherwise qualified to become a full member of the Institute may, at the entity's option, become either a full member or an associate member of the Institute. The 15 employee limitation shall be calculated by reference to all employees of the applicant-entity and any entity related by ownership to such applicant-entity that are based in North America. 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.					
parti parti data man	ected to membership, we agree to be icipate in committee work, and attend icipation in USCTI's statistics program on shipments for the Division catego ufacture for the confidential use of the piling statistics.	l meetings. USC m. Members are pries (page one	CTI Bylaws require required to submit monthly of application) in which we		
	We have reviewed the Institute's D dues payment promptly once invo statistical data.				
Com	ipany				
	ed By				
Title	(name of officer authorizing application)				
	(name of officer authorizing application)				

Return To: USCTI 1300 Sumner Avenue Cleveland, OH 44115-2851 (216) 241-7333 Phone (216) 241-0105 Fax <u>uscti@uscti.com</u>