

**APPLICATION FOR ASSOCIATE MEMBERSHIP**  
**Florida West Coast Chapter of the National**  
**Tooling & Machining Association**

Date\_\_\_\_\_

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

Company Contact\_\_\_\_\_

Title\_\_\_\_\_ Phone #\_\_\_\_\_

Fax #\_\_\_\_\_ E-mail\_\_\_\_\_

Address\_\_\_\_\_

Is your firm a Corporation\_\_\_\_\_ Partnership\_\_\_\_\_ Sole Owner\_\_\_\_\_

What is your primary business?\_\_\_\_\_

How many employees do you have?\_\_\_\_\_

As a local chapter Associate Member, what do you have to offer to our chapter and its members?

How did you learn about N.T.M.A.?\_\_\_\_\_

Our annual dues for an Associate Member are \$350 per year. The first year's dues must be paid in advance along with a completed application. Please direct your questions and this application to:

Candice Higgs – 10801 Starkey Road, Suite 104, Box 116, Seminole, FL 33777  
Phone: 727-916-2432 or e-mail: Info@FWCNTMA.org

Signature\_\_\_\_\_

Date\_\_\_\_\_