

## **Precision Machined Products Association**

6880 West Snowville Road – Suite 200, Brecksville, Ohio 44141 **Phone:** (440) 526-0300 **Fax:** (440) 526-5803

School or Organization Name			Date	
hereby applies for membership in the Precision Machined Products Association. It is agreed that after one year from the above date, applicant will continue subject to withdrawal of membership in accordance with the PMPA Code of Regulations.				
The following classification of membership is applied for:				
Affiliate Membership:	Any non-profit educational institution that provides training or other programs to the precision machining industry.			
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(Mailing Address)	(Mailing Address) (Phone & Fa		nber)	
(City/State/Province/Zip Code/Postal Code)		(Website)	(Website)	
Organization representative authorized to vote on or answer questions concerning Association matters and receive Association mail:  (Name and title of certified representative; only one individual)				
(Email address of certified representative)				
Other Key Company Contac	ts:			
Name	Title		Email	
☐ Billing Address is same as Mailing Address above.				
(BILLING Address) (BILLING City, State/Province, Zip/Postal Code)			ate/Province, Zip/Postal Code)	
To pay by American Express	s, VISA, MasterCa	rd or Discover, pleas	se complete the following:	
Cardholder Name:			Security Code:	
Credit Card Number:		Exp	Expiration Date:	
Amount:			Card Type:	

PMPA annual dues for Affiliate members are \$250.00 per location, payable in U.S. funds.