



Precision Machined Products Association

6880 West Snowville Road, Suite 200, Brecksville, Ohio 44141

Phone: (440) 526-0300 Fax: (440) 526-5803

Company 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:

Associate Membership:

Any North American manufacturing establishment which operates a precision machined products department whose product is solely incorporated in their own end-product, off the shelf, or catalogued products, i.e. captive department.

Number of Primary Machines: _____

(Mailing Address)

(Phone & Fax Number)

(City/State/Province/Zip Code/Postal Code)

(Website)

Billing Address is same as Mailing Address above.

(BILLING Address)

(BILLING City, State/Province, Zip/Postal Code)

To pay by American Express, VISA, MasterCard or Discover, please complete the following:

Cardholder Name: _____

Security Code: _____

Credit Card Number: _____

Expiration Date: _____

Amount: _____

Card Type: _____

PMPA DUES: Associate members pay a base rate of \$1,000.00 annually, plus \$25.00 per turning, milling and rotary transfer machine. The minimum dues paid annually are \$1,250.00

Base Rate:	\$1,000.00
Number of Machines X \$25.00:	
Total Annual Dues:	

Company 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 Contacts:

Name	Title	Email

***RETURN completed form to PMPA via email: membership@pmpa.org**