



UNITED STATES CUTTING TOOL INSTITUTE
LEADING THE FUTURE OF THE CUTTING TOOL INDUSTRY

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 Bylaws, 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

Ceramic & Cermet

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 Bylaws, participate in committee work, and attend meetings. USCTI Bylaws require participation in USCTI's statistics program. Members are required to submit monthly data on shipments for the Division categories (page one of application) in which we manufacture for the confidential use of the Institute's Secretary/Treasurer in compiling statistics.

We have reviewed the Institute's Dues Schedule and Bylaws and agree to remit dues payment promptly once invoiced in addition to submitting monthly statistical data.

Company _____

Signed By _____

Title _____
(name of officer authorizing application)

**Return To: USCTI
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