



## 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: 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.**

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  
1300 Sumner Avenue  
Cleveland, OH 44115-2851  
(216) 241-7333 Phone  
(216) 241-0105 Fax  
[uscti@uscti.com](mailto:uscti@uscti.com)**