



**SAN FRANCISCO
BAY AREA**
CHAPTER

San Francisco Bay Area Chapter of The National Tooling and Machining Association

Application for Associate Membership

The undersigned hereby makes application for Associate Membership with the San Francisco Bay Area Chapter of NTMA, and agrees, if elected, to adhere to all lawful bylaws, rules and regulations adopted by the Association.

Company Name: Click here to enter text.

Address: Click here to enter text.

Suite: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Main Contact/Representative: Click here to enter text.

Title: Click here to enter text.

Email: Click here to enter text.

Phone: Click here to enter text.

Company Website: Click here to enter text.

Products and Services Offered:

Business Services Chemical Processing Heat Treating Scrap Metal Services
(HR, Legal, Health Services, Staffing, etc.)

Raw Materials Educational Institution QMS Small Tool Distributor

Machinery Distributor Other, Please Specify _____

Please list benefits you feel you can bring to the local chapter.

Examples could include: best practices, unique services, etc.

Why is the NTMA important to you?

Are you applying as an Educational Institution?

If you are applying as an Associate Member under the Education Category, please attach a brief summary about your program, as well as any supporting documentation about your program. Educational Members may apply to have the Associate Membership Fee and the member sign up requirement waived, please contact Michelle Myhre directly when submitting your application.

NTMA Use only:

Application Received: _____ BOD Review Date: _____

Please list any additional company representatives (up to two) to be included on the distribution list.

Name	Title	Email	Phone
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Per the SFBA NTMA Policy, there is no solicitation at any SFBA NTMA events, unless prescribed by the Board.

Associate Member Application Signature: _____ Date: Click here to enter a date.

Regular Member Sponsor:

Contact Name:

Email:

Company:

Phone Number:

Thank you for your interest in SFBA NTMA Associate Membership. Completed applications may be [emailed](#), or mailed to SFBA NTMA, 950 Terminal Way, San Carlos, CA 94070. You will be sent a confirmation of application via email upon receipt of a complete Associate Member Application. You will be invoiced for the annual dues of \$1250.00 following Board of Director Approval of your application. If you have any questions please contact [Michelle Myhre](#) or [Nils Kjell](#).

NTMA Use only:

Application Received: _____ BOD Review Date: _____