



**PRECISION MACHINED PRODUCTS ASSOCIATION**  
**6700 West Snowville Road ■ Brecksville, Ohio, USA 44141-3212**  
**Phone: (440) 526-0300 ■ Fax: (440)526-5803 ■ [www.pmpa.org](http://www.pmpa.org)**

\_\_\_\_\_  
 (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's Code of Regulation.

The following classification of membership is applied for: *(check one)*

\_\_\_\_\_ **Active Membership:** Any North American company which devotes all or part of its manufacturing facilities to produce precision machined products to customers' order. **# of Primary Machines:** \_\_\_\_\_

\_\_\_\_\_ **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. **# of Primary Machines:** \_\_\_\_\_

\_\_\_\_\_ **Technical Membership:** Any Domestic or Foreign Supplier to the Precision Machined Products Industry, who meets the criteria established for membership.

\_\_\_\_\_  
 (Mailing address/street & post office box)

\_\_\_\_\_  
 (Phone # and Fax #)

\_\_\_\_\_  
 (City/state/province/zip code/postal code)

\_\_\_\_\_  
 (Website)

Date company started business: \_\_\_\_\_

\_\_\_\_\_  
 (Company Email)

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 - Please print)

\_\_\_\_\_  
 (Signature of certified representative)

\_\_\_\_\_  
 (e-mail address of certified representative)

Other Key Company Contacts: *(Name and Title will be listed in the PMPA Membership Book)*

Name/Title	Email
_____	_____
_____	_____
_____	_____
_____	_____

**Membership Dues:** *First year dues for Active & Associate Members are \$600.00.* Please return this form with a \$600.00 check (U.S. Funds) made payable to "PMPA." Following the first year of membership, dues will be assessed according to the current PMPA Dues Schedule. If you prefer to pay via credit card and authorization form is enclosed.