

Application for Membership



Eligibility: Any Wisconsin closely held independent firm, corporation or business entity regularly engaged in the business (contract basis) of designing or manufacturing for sale special dies, fixtures, cutting tools, molds, gage or special-purpose machinery, or doing machining.

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____ Web Page: _____

Names of Owners: _____

Contacts, other than Owners (maximum 3):

Years in Business: : _____	Number of Employees: _____	SIC #: _____
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The following Standard Industrial Classification Codes (SIC#) may be used as a guideline to clarify eligibility:

3543 -Patterns/Industrial; 3544 -Special Dies/Tools/Jigs (mfg) *Except 3544-0103 (Die Springs);

3451 -Screw Machine Products (mfg); 3599-03 -Machine and other job shop work

Are you a "Division" of another company? No Yes, Company Name _____

If your company has an ESOP, please list the names of the key people, maximum of five on the Membership Team:

1) _____	4) _____
2) _____	5) _____
3) _____	

Type of Business and Services Performed: _____

Contract Machining No Yes

Referred by (Name) _____ (Company) _____

What attracted you to apply for membership? _____ What do you want to get out of membership? _____

I, the undersigned, being a principal of the above company having read the Code of Ethics of the Tool, Die & Machining Association of Wisconsin, do hereby apply for membership. I agree that our company will operate in accordance with the principles outlined in the Code of Ethics.

Signature of Business Owner _____

For approval, return this form along with your dues payment of \$180 to...

TOOL, DIE & MACHINING ASSOCIATION OF WISCONSIN

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