

# 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 #: \_\_\_\_\_

*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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