



ARIZONA TOOLING & MACHINING ASSOCIATION

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Phone # 602-388-5752 , www.arizonatooling.org
executivedirector@arizonatooling.org

PRECISION

ATMA USE ONLY
Amount _____
Check # _____
Date Paid: _____

Application For Manufacturing Advocate

Firm: _____ Date: _____

Street Address: _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip: _____

Business Number: () _____ Web site address: _____

No. of Full time employees: _____ (Inc. owners active in business)

Our firm is a:	List Primary SIC code(s):	Annual Dues based on the number of Full time employees, incl owners: (Please circle the correct number)
<input type="checkbox"/> Proprietorship	_____	1-10 \$ 600
<input type="checkbox"/> Partnership	_____	11-25 \$1000
<input type="checkbox"/> Chapter S Corp.	_____	26-50 \$1500
<input type="checkbox"/> Chapter C Corp.	_____	51-100 \$2000
		>100 \$2500

Primary Contact #1 name:

Title: _____

Cell Number: () _____

E-Mail : _____

Contact #2 name:

Title: _____

Cell Number: () _____

E-Mail : _____

Safety Manager name:

Cell Number: () _____

E-Mail : _____

HR Manager name:

Cell Number: () _____

E-Mail : _____

Committee(s) I would be interested in joining: Programs, Membership & Marketing called (MMP) _____ Safety & Insurance _____ Workforce Development _____

Signature _____ Date _____

I understand that this application must be approved by the ATMA board of directors and I hereby certify that the information provided above is accurate & complete.