



Membership Application

- Full Membership - \$1,000 annually
- Associate Membership - \$750 annually

Name of sponsoring member _____
(Associate Memberships only)

Company Name _____

Company address _____

Company Phone _____ Company Fax _____

Web Site _____

Contact Name _____

Contact Title _____

Contact e-mail _____

Date _____ Signature _____

Please include check with your application. Make check payable to Swiss Machine Tool Society.

*Associate Membership acceptance subject to approval by current members at next meeting.