



**APPLICATION FOR ASSOCIATE MEMBERSHIP
IN THE HAND TOOLS INSTITUTE
25 North Broadway, Tarrytown, NY 10591
Tel: 914-332-0040 Fax: 914-332-1541 www.hti.org**

Application Date:

Company Name:

Address:

Telephone:

Fax:

Web address:

Name of official representative to HTI:

e-mail:

Name of alternate representative to HTI:

e-mail

Description of non-powered hand tools sold by applicant in the United States:

The Applicant agrees that, if elected to membership, it will be bound by the By-laws of the Hand Tools Institute.

Signature _____ Position:

