



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

Name of Applicant: _____

Contact Name: _____ E-mail Address _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____ Web address: _____

Brief description of products/services supplied to the hand tool industry:

Applicant understands and agrees to the following if approved as a member:

1. We will abide by the HTI By-laws and HTI Anti-trust Policy and Rules of Anti-trust Compliance.
2. We understand that Membership in HTI provides us with the opportunity to meet with other HTI members and share our knowledge about and experience with the hand tool manufacturing industry. HTI meetings are for learning, networking, and relationship building.
3. We will not schedule any separate activities with HTI members such a dinners, hospitality functions, or meetings at any time during an HTI meeting. We will instead make use of the meetings and networking opportunities in the official meeting schedule.
4. Attendance at HTI meetings is limited to these two from our company unless given permission in advance.
5. We understand that our annual dues are intended to be used to enhance the educational content of HTI meetings. Supplier members are encouraged to participate in the educational programs of the Institute.
6. Supplier members are given opportunities to share information about their companies with other members at meetings, via the membership directory and the website.
7. The current annual dues for Supplier members is \$3,640.

I affirm, on behalf of the applicant, that we will abide by the above HTI membership guidelines for suppliers.

Signature _____ Position _____ Date _____

Print Name _____