

APPLICATION FOR ASSOCIATE MEMBERSHIP IN THE HAND TOOLS INSTITUTE

914-332-0040 hti@hti.org www.hti.org

Application Date:	
Company Name:	
Address:	
Telephone:	Website:
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: _____

CONFIDENTIAL HAND TOOLS INSTITUTE REPORT FORM FOR DETERMINING ASSOCIATE MEMBER HTI DUES

We hereby provide this company's total U.S. non-powered hand tool shipments data for the most recent fiscal year with the understanding that individual company data will be kept strictly confidential by the HTI office.

The U.S. non-powered hand tool product shipments reported should include those of your company and any related entities such as parent company, its divisions, subsidiaries, and other affiliations. Include products purchased for resale in the US from HTI members. **Exclude shipments to other HTI members.** Report dollar value of hand tool product shipments for your most recent fiscal year which are:

FISCALYEAR:

Total Hand Tool Shipments in the US: \$ (including products purchased from other HTI members) (excluding sales to other HTI members)

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS A COMPLETE AND CORRECT ACCOUNT OF OUR COMPANY'S NON-POWERED HAND TOOL SHIPMENTS.

*BY*_____

COMPANY:

DATE: