



**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: _____

