

PRINCIPAL MEMBERSHIP APPLICATION

Qualifications for Principal Membership in PTR A:

- All applicants must meet the qualifications of the Association's Bylaws. See www.ptra.org or call PTR A headquarters for a copy.
- The applicant must be principally a manufacturer, importer, or assembler of power transmission or motion control products, which markets in at least a portion of North America through manufacturers' representatives.
- The applicant must maintain a registered office in North America.
- The applicant must be sponsored by at least one member firm.



Send completed application along with dues payment to:

PTR A
5353 Wayzata Blvd. Suite 350
Minneapolis, MN 55416

Phone: (888) 817-7872
Fax: (952) 252-8096
E-mail: ptraHQ@ptra.org
Web site: www.ptra.org

Company Name: _____

Address: _____

City: _____ State/Province: _____ ZIP+4/Postal Code: _____

Country: _____ Phone: _____ Fax: _____

E-mail: _____ Web Site: _____

Year Company was Founded: _____

Sole Proprietorship Partnership LLC Corporation

Name and Title of Firm's Primary Representative to the Association: _____

Spouse's name for the Directory: _____

Spouse's home address for special interest mailings: _____

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Products Manufactured:

- | | |
|--|--|
| <input type="checkbox"/> Actuators | <input type="checkbox"/> Gear Drives |
| <input type="checkbox"/> Adjustable Speed Drives | <input type="checkbox"/> Gear Manufacturing Services |
| <input type="checkbox"/> Air Handling | <input type="checkbox"/> Gears |
| <input type="checkbox"/> Bearings | <input type="checkbox"/> Industrial Hardware and Machine Parts |
| <input type="checkbox"/> Belting & Belt Drives | <input type="checkbox"/> Linear Motion Devices |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Lubrication |
| <input type="checkbox"/> Bulk Material Handling | <input type="checkbox"/> Motors/Generators |
| <input type="checkbox"/> Chain & Chain Drives | <input type="checkbox"/> Plastics |
| <input type="checkbox"/> Clutches | <input type="checkbox"/> Pumps |
| <input type="checkbox"/> Controls | <input type="checkbox"/> Seals |
| <input type="checkbox"/> Couplings & U-Joints | <input type="checkbox"/> Sensors |
| <input type="checkbox"/> Fluid Power | <input type="checkbox"/> Other: _____ |

Does the company own any part of a Power Transmission or Motion Control Distributorship or Manufacturers' Representative Company? Yes No

If yes, name of company: _____

Is your firm's business predominately Power Transmission or Motion Control?

Do you sell through your own direct sales force? Yes No

If yes, where: _____

Do you currently market through Manufacturers' Representatives? Yes No

Do you currently have territories open for representation? Yes No

Do you warehouse anywhere other than at your plant? Yes No

Do you expect representatives to purchase your product for resale? Yes No

Will you be willing to assist PTRA in improving relations with manufacturers? Yes No

If no, please state your reasons: _____

SPONSOR. Please list your firm's PTRA member sponsor: _____

Name: _____

Firm: _____

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Membership dues are based on your company's North American annual sales volume for Power Transmission/Motion Control Products. Dues cycle is 6/1-5/31.

APPLICABLE DUES AMOUNTS:

\$475 <\$2M	\$650 \$2M-\$3.99M	\$750 \$4M-\$5.99M
\$875 \$6M-\$9.99M	\$1,100 \$10M-\$14.99M	\$1,300 \$15M-\$24.99M
\$1,500 \$25M-\$49.99M	\$2,000 \$50M-\$99.99M	\$2,500 \$100M-\$499.99M
\$3,250 \$500M-\$1B	\$4,000 >\$1B	

Dues Amount: _____

Payment method: Check #: _____ (payable to PTRA) enclosed.

Or, the following credit cards are accepted: Visa MasterCard American Express

Credit Card Account #: _____ Security Code: _____

Expiration Date: _____ Signature required for Credit Card: _____

STATEMENT: Contributions or gifts to the Power-Motion Technology Representatives Association are not deductible as charitable contributions for federal income tax purposes. Dues payments are deductible by members as an ordinary and necessary expense.

See 10701 of the Revenue Act of 1987. PTRA's Federal ID Number is 23-7267570

Signature of firm's representative: _____ Date: _____