



Partnership Application for the PMA Educational Foundation

Please print in blue or black ink. If you have any questions when completing this form, contact Amy Thacker.

Company Name/Educational Institution		
Street Address	PO Box	Web address
City	State	Zip Code
Telephone Number	Fax Number	
Name and Title of Official Representative		E-Mail

Industry Partner: For companies in or affiliated with the metalforming industry

\$500 minimum level of support

Educational Partner: For schools or other educational institutions

\$500 minimum level of support

Friends of the Foundation: For Individuals and non-profit organizations

\$50 minimum level of support

Method of Payment

Check VISA Mastercard American Express

_____ \$ _____
Card Number Expiration Date Amount

Purchase Order # (*Educational Institutions only*)

Signed Title Date

Precision Metalforming Association Educational Foundation
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