



PITTSBURGH
CHAPTER

**MSC/National Tooling and Machining Association
Pittsburgh Chapter 2018-2019 Apprenticeship Competition**

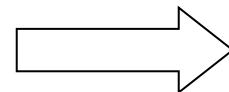
Registrations must be received by Friday, January 18, 2019

PLEASE NOTE: Limited Competition slots available.

COMPETITION REGISTRATION		
CONTESTANT INFORMATION		
Name:		
Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	
Email:		
Apprentice Occupation: (Check one) <input type="checkbox"/> Machinist <input type="checkbox"/> Tool & Die Maker <input type="checkbox"/> Mold Maker <input type="checkbox"/> Other (specify) _____		
Serving as a formal Apprentice: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Current Apprentice Year: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
If you are a First or Second Year Apprentice, have you earned at least 5 NIMS Credentials?: <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYER INFORMATION		
Are you currently employed: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Current Employer:		
Employer Address:		
City:	State:	ZIP Code:
Supervisor / Manager:		
Supervisor's Phone & Email:		
SIGNATURES		
Apprentice Signature:	Date:	
Employer Signature (*if applicable):	Date:	

*If employer is paying registration fee

Please complete other side





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PAYMENT INFORMATION - Registration Cost \$150	
Check one: _____ Check Enclosed _____ VISA _____ MasterCard	
Credit Card #:	
Name (as it appears on card)	Expiration Date:
Billing Address:	

Please make checks payable to: Pittsburgh Chapter NTMA

Completed Registration form and payment must be received **by Friday, January 18, 2019** to:
Pittsburgh Chapter NTMA, ATTN: Liz Blashock
305 East Carson Street
Pittsburgh, PA 15219

Limited Competition slots available. First preference for slots will be given to Year 4 students.

No more than 2 apprentices per company may compete.

Don't delay, submit your forms early!

Questions? Liz @ blashock@ncsquared.com or 412.258.6628

OFFICE USE ONLY:
Date Received: _____ Year: _____
Date Paid: _____