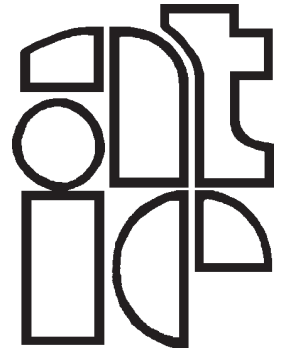


application for membership



**association of textile
industrial engineers**

NAME (Please print): _____

HOME ADDRESS: _____

_____ Phone: () _____

FIRM NAME & ADDRESS: _____

_____ Phone: () _____

FAX: () _____ E-MAIL Address: _____

CHECK FOR PREFERRED MAILING: () HOME () BUSINESS

PRINCIPAL PRODUCTS/SERVICES OF FIRM: _____

TITLE (Your present position): _____ Dept.: _____

YEARS EXPERIENCE: () TOTAL () PRESENT FIRM () PRESENT POSITION

If multi-plant operation, indicate number of plants: _____ Parent Company: _____

Approximate number of employees in firm: _____ Number of employees in your department: _____

TITLE OF SUPERIOR TO WHOM YOU REPORT: _____

EDUCATION: HIGH SCHOOL: _____
COLLEGE and MAJOR FIELDS: _____

SPECIALIZED TRAINING: _____

MAJOR SPECIALITIES, PROFESSIONAL ORGANIZATIONS: _____

From the list of common IE activities, please check the four (4) which you have special training/unique skills in, and would be willing to serve as a contact/resource to other ATIE members who may have questions. This is optional. Please limit to four (4).

- | | |
|--|---|
| <input type="checkbox"/> Automated Data Collection/Monitoring | <input type="checkbox"/> Maintenance Management |
| <input type="checkbox"/> Business Process Re-engineering | <input type="checkbox"/> Materials Handling |
| <input type="checkbox"/> Cellular Manufacturing/Focused Factories | <input type="checkbox"/> Personal Computer Applications |
| <input type="checkbox"/> Compensation Plans/Wage Administration | <input type="checkbox"/> Process Engineering |
| <input type="checkbox"/> Computer Integrated Manufacturing/CAD-CAM | <input type="checkbox"/> SPC/SQC |
| <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Spreadsheet Software |
| <input type="checkbox"/> Interference Calculations & Applications | <input type="checkbox"/> Standard Costing |
| <input type="checkbox"/> J.I.T. | <input type="checkbox"/> TQM |
| <input type="checkbox"/> KAIZEN | <input type="checkbox"/> Warehousing and Distribution |
| <input type="checkbox"/> Work Measurement/Pre-Determined Time Values | |

REFERENCES: (At least one must be a member of the Association)

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

I have investigated the functions and objectives of the Association of Textile Industrial Engineers and desire to affiliate with the organization, and participate in its activities.

Signature: _____

APPLICANT - DO NOT WRITE BELOW THIS LINE.

Make check (\$60) payable to:
Mail application and check to:

**ATIE
P.O. Box 112
Talbott, TN 37877**

- Type of Membership Approved
- Senior Member
 - Associate Member
 - Affiliate Member
 - Student Member

APPROVED BY:

_____ Date: _____
Date: _____
Date: _____