



**PITTSBURGH**  
CHAPTER

### MSC/Pittsburgh Chapter NTMA 2022-2023 Apprenticeship Competition

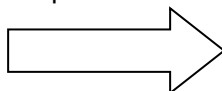
Registrations must be received by December 23, 2022

**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 state registered 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, December 23, 2022** to:

Pittsburgh Chapter NTMA, ATTN: Liz Blashock

305 East Carson Street

Pittsburgh, PA 15219

Or [Blashock@pghntmf.org](mailto:Blashock@pghntmf.org)

**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? Contact Liz @ [Blashock@pghntmf.org](mailto:Blashock@pghntmf.org)**

**or 412-443-0793**

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