



# MNESTA

MINNESOTA ELECTRONIC SECURITY  
AND TECHNOLOGY ASSOCIATION

## APPLICATION FOR ASSOCIATE MEMBERSHIP

### MAILING INFORMATION

Company Name: \_\_\_\_\_  
 Associate Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

### COMPANY PROFILE

Month and Year Alarm Business Started: \_\_\_\_\_ / \_\_\_\_\_  
 What business is the primary part of your company? \_\_\_\_\_

Please check one:  Corporation     Partnership     Single Proprietorship     Other \_\_\_\_\_

If a corporation: In what state? \_\_\_\_\_ Date Incorporated? \_\_\_\_\_

If not a corporation: Are you registered?  Yes     No    If so, which state? \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICERS

President: \_\_\_\_\_ Secretary: \_\_\_\_\_  
 Vice President: \_\_\_\_\_ Treasurer: \_\_\_\_\_

Please indicate the number of employees in your firm: \_\_\_\_\_

### DUES

Annual Dues            \$500.00  
 Application Fee        \$ 50.00  
 Total                    \$550.00

Payment Enclosed     Visa                    Card Number: \_\_\_\_\_  
                                    MasterCard  
                                    American Express

**Expiration Date:** \_\_\_\_\_ **CCV Code:** \_\_\_\_\_

Total Amount for Credit Card: \$ \_\_\_\_\_

Name As It Appears On Your Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

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Enclosed is a check in the amount of \$\_\_\_\_\_. Make check payable to the MINNESOTA ELECTRONIC SECURITY AND TECHNOLOGY ASSOCIATION, in the amount of one full year's membership dues, as indicated, fully refundable if the application is denied. Mail the completed application and check to:

Minnesota Electronic Security and Technology Association  
Kelly Inn, Suite 820  
161 St. Anthony Avenue  
St. Paul, MN 55103

**SIGNATURE**

All information contained in this application is true and accurate, and the undersigned acknowledges that false information can result in the denial of the acceptance of this application.

Upon approval of the Board of Directors of the MINNESOTA ELECTRONIC SECURITY AND TECHNOLOGY ASSOCIATION, we agreed to abide by the By-Laws and Code of Ethics of MNESTA, and any false statement on this application shall be considered sufficient cause for suspension.

Signature: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Please list three business references (include one current MNESTA member if possible).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION TAKEN**

**DATE**

Application Received \_\_\_\_\_

Sent to the Board of Directors \_\_\_\_\_

Acted upon by the Board of Directors \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_