

APPLICATION FOR REGULAR MEMBERSHIP

MAILING INFORMATION

Company Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Chief Executive Officer: _____

If not your voting representative, please list name and title of your voting representative:

Name: _____

DUES

Number of Employees	Dues
1-5	\$ 395.00
6-10	\$ 595.00
11-15	\$ 770.00
16-25	\$ 995.00
26-50	\$1,580.00
51-100	\$1,955.00
101-150	\$2,585.00
151+	\$3,185.00

Total Amount Enclosed (include one-time application fee of \$50.00): _____

Payment Enclosed Visa

MasterCard Card Number: _____

American Express

Expiration Date: _____ **CCV Code:** _____

Total Amount for Credit Card: \$ _____

Name As It Appears On Your Credit Card: _____

Billing Address: _____

Signature: _____

If you have more than one branch office, please list the names and addresses on a separate sheet and attach to this application.

Total Employees _____ Total Offices _____

MNESTA APPLICATION FOR REGULAR MEMBERSHIP

Page 2 of 2

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

SERVICES OFFERED

Please indicate all services offered by your company:

- Central Station - Burglar
- Central Station - Fire
- Central Station - Burglar and Fire
- Local Service - Burglar
- Local Service - Fire
- Local Service - Burglar and Fire
- Police Connected Service
- Proprietary Alarm System
- Security Guard Services
- Access Control
- Closed Circuit TV
- Other_____

Do you operate an In-House 24-Hour Central Station? Yes No

Central Station Is: UL Listed - Burglar
 UL Listed - Fire
 FM Approved

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, all rights of Regular Membership will be given to your company. The undersigned agrees to abide by and subscribe to the By-Laws, Code of Ethics and Anti-Trust Statement of the MNESTA.

Signature: _____

Name (Please Print): _____

Date: _____

Referred By: _____

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

Please indicate your State Electrical Board Contractor's Number: _____