

APPLICATION FOR REGULAR MEMBERSHIP

MAILING INFORMATION

Company

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone (____) _____ FAX (____) _____

E-mail address: _____

Chief Executive Officer: _____

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

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
 American Express

Expiration Date: _____

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

Total Employees: _____ Total Offices: _____

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:

- | | |
|---|---|
| <input type="checkbox"/> Central Station - Burglar | <input type="checkbox"/> Police Connected Service |
| <input type="checkbox"/> Central Station - Fire | <input type="checkbox"/> Proprietary Alarm System |
| <input type="checkbox"/> Central Station - Burglar and Fire | <input type="checkbox"/> Security Guard Services |
| <input type="checkbox"/> Local Service - Burglar | <input type="checkbox"/> Access Control |
| <input type="checkbox"/> Local Service - Fire | <input type="checkbox"/> Closed Circuit TV |
| <input type="checkbox"/> Local Service - Burglar and Fire | <input type="checkbox"/> Other _____ |

- Do you operate an In-House 24-Hour Central Station? Yes No
- Is this Central Station 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: _____

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

Please indicate your State Electrical Board Contractor's Number _____