



MINNESOTA ELECTRONIC SECURITY  
AND TECHNOLOGY ASSOCIATION

## APPLICATION FOR PUBLIC SAFETY MEMBERSHIP

### MAILING INFORMATION

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Public Agency Associated With: \_\_\_\_\_

Years With Above Agency: \_\_\_\_\_

Title or Rank With Above Agency: \_\_\_\_\_

### SIGNATURE

All information 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**, you agree 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 denial of membership.

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

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