

## MERSC Allied Membership Application

Please type or print very clearly

Date \_\_\_\_\_

COMPANY / BUSINESS Name \_\_\_\_\_

Company Representative(s) authorized to represent your program to MERSC members:

\_\_\_\_\_

Title of representative \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Web site address \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Locations to which this application applies – include addresses / phone numbers

\_\_\_\_\_

\_\_\_\_\_

Number of years business has been in operation in Twins Cities or surrounding area \_\_\_\_\_

**Minimum 2 years in business required to apply for MERSC Allied membership.**

Business references \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Does this company have a satisfactory rating with the Better Business Bureau? \_\_\_ yes \_\_\_ no  
Better Business Bureau 651-699-1111

Signature of owner or area manager authorizing MERSC membership and signifying agreement with the MERSC Associate Membership Policy which accompanies this application:

Please print name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Description of business, product(s), service(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Programs you wish to promote and / or discount offer to MERSC membership:

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

**With this application, you must submit the following items:** (Incomplete packets will be returned.)

- \_\_\_\_\_ **2 Letters of Recommendation – indicating satisfaction with your product or service**  
Written specifically to MERSC – Please have persons writing letters include: first & last name, telephone number, e-mail address
- \_\_\_\_\_ **Certificate of Liability Insurance (ACORD)**
- \_\_\_\_\_ **Federal Form W9**

**Membership Dues**

October, 2010 - December 31, 2011 - \$562.50, plus \$50 application fee  
January 1, 2011 – December 31, 2011 - \$450.00, plus \$50 application fee  
Note: Membership dues are returned if you do not become a member. The application fee is not returned.

**Corporate Credit Cards accepted**

Indicate: VISA Mastercard American Express Discover  
Company Name on card \_\_\_\_\_  
Individual's name on card – print \_\_\_\_\_  
Signature \_\_\_\_\_  
Billing address for card \_\_\_\_\_  
Card number \_\_\_\_\_  
Card Expiration date \_\_\_\_\_  
Amount to be billed to card \_\_\_\_\_

Mail to: MERSC, P.O. Box 3865, Minneapolis, MN 55403 Fax: 763-592-8057

Questions? Sue Shepherd, MERSC Director, 651-459-1482 info@mersc.org