

MERSC Associate Membership Application

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:

How did you learn about MERSC _____

Number of years business has been in operation _____

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

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.

Please print name _____ Title _____

Signature _____ Date _____

Description of business, product(s), service(s) _____

Description of:

1. Discount offer to MERSC membership (company members and employees / family / retirees)
2. List regular prices and MERSC discount prices.
3. Discount program: direct to employee, consignment program, coupon, discount card, etc.

Company checks or Company credit cards ONLY.

Personal checks / personal credit cards NOT accepted for membership.

Dues and application fee

January, 2012 - Dec 31, 2012 - 2 checks please - \$425.00 dues and \$50 application fee

Corporate Credit Cards accepted

Indicate: VISA Mastercard American Express Discover

Company Name on card _____

Individual's name on card – print _____

Signature _____

Amount to be billed to card _____

Billing address for card _____

Card number _____

Card Expiration date _____

COMPLETE APPLICATION PACKET MUST INCLUDE:

- Incomplete packets will be returned.

1. Associate application signed by manager authorizing membership and offer.
2. 2 letters of recommendation written to MERSC from satisfied customers; letters must include phone number or email for contact purposes.
3. Liability insurance coverage documentation. (Coverage must be current.)
4. Form W-9
5. 2 Company checks or company credit card
6. Signed second page Associate Policy / Criteria

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