



Minnesota Association of Exteriors Specialists

P.O. Box 248 Anoka MN 55303

612-554-2633

APPLICATION FOR MEMBERSHIP

Congratulations on your decision to join the Minnesota Association of Exteriors Specialists. Please read all information within this application carefully and **complete all applicable questions**. A completed application is necessary in order to process your membership. If you have any questions, please don't hesitate to call us at 612-554-2633. The information you provide will **appear in our records exactly as given**. **PLEASE provide phone number, contact person, and address exactly as you wish them to be published.**

APPLICANT INFORMATION

Company Name _____

MN License Number _____

First Name _____ Last Name _____

Mailing Address _____

City, State, Zip _____

Telephone _____ Fax _____

Cell _____ E-mail _____

Web Address _____

Description of Business _____

Recruited by _____

MEMBERSHIP CLASSIFICATION

_____ One Year Membership \$250

_____ Two Year Membership \$500

Includes a voucher for one Continuing Education course at no charge (selected classes only)

MEMBERSHIP SIGNATURE

The applicant hereby makes this application for membership in the Minnesota Association of Exteriors Specialists (MNAES). Applicant acknowledges that, by joining the MNAES, Applicant will agree to observe the Articles By-laws, Code of Ethics and Standards the MNAES establish from time to time. Applicant agrees that in the event that the event that the Applicant's membership is terminated for any reason, Applicant will immediately discontinue use of the logo, insignia, service mark, and trademarks of the MNAES. Applicant hereby authorizes MNAES to publish Applicant's name and, if applicable, the names of all the Applicant's principals. Applicant hereby authorizes MNAES to verify the information contained in this application. Applicant agrees to hold the MNAES and his/her membership harmless from any and all information supplied with respect to investigation. Applicant agrees to hold that the information contained in this application is true, accurate and complete and acknowledges that any false, inaccurate, or incomplete information can result in sanction against the applicant, including, but not limited to, termination of membership.

Signature* _____ Title _____

Date _____

*Your signature on this application is considered authorization to check references

COMPANY PRINCIPLES

1A. Please check that which applies. Sole proprietor ___ Partnership ___ Corporation ___

1B. State of Incorporation _____

2. Please list the name and street address of all partners/ each corporate officer, director, and major shareholder over 25%

A. Name _____

Address _____

City, State, Zip _____

B. Name _____

Address _____

City, State, Zip _____

PAYMENT INFORMATION

Check Enclosed Amount \$ _____ Check No. _____

Signature _____ Date _____

In compliance with recent tax regulations, we are required to inform members of the portion of the annual dues not deductible for income tax purposes. This portion is being disallowed because of the lobbying expenses and political activities which the MNAES supports on our members' behalf. The non-deductible portion of your 2009 dues is \$45.00. The remaining portion of your dues may be fully deductible as a business expense; consult your professional tax advisor.

THE MNAES THANKS YOU FOR YOUR SUPPORT

www.mnaes.org