



Minnesota  
**SIGN**  
Association

1670 Robert St., #115  
West St. Paul, MN 55118  
651-335-4099  
john@jramanagement.com

## MINNESOTA SIGN ASSOCIATION MEMBERSHIP APPLICATION

### Contact Information:

Contact name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Business Address \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

### Business Type:

**Rate/Year**

**Sign Manufacturer**

Number of Employees:

1-4 .....\$200.00/Year

5+ .....\$400.00/Year

**Sign Supply Distributor** .....\$750.00/Year

**Wholesale Manufacturer** .....\$500.00/Year

**Associate Member** .....\$500.00/Year

**Product Manufacturer** .....\$500.00/Year

### Payment Information:

**Check is enclosed**

Amount \_\_\_\_\_

**Please charge my Visa/MasterCard/Discover/AMEX**

Credit Card Acct. # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Sec. Code # \_\_\_\_\_

Address of Cardholder \_\_\_\_\_

Name of Cardholder (print clearly) \_\_\_\_\_

**Cardholder Signature/Date** \_\_\_\_\_

**Please return this application along with your payment to:**

**Minnesota Sign Association**

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