

Minnesota Safe Deposit Association Membership Application

Please complete one section for each mailing address to ensure accurate delivery. Make copies of this page if necessary

PRIMARY CONTACT NAME _____

PRIMARY CONTACT EMAIL ADDRESS _____

FINANCIAL INSTITUTION / VENDOR NAME _____

MAIL CODE OR DEPARTMENT NAME IF REQUIRED FOR DELIVERY _____

STREET ADDRESS _____ PO BOX _____

CITY, STATE _____ ZIP + 4 _____

TELEPHONE _____ FAX NUMBER _____

NUMBER OF SAFE DEPOSIT BOXES AT THIS LOCATION _____ ABA ROUNTING # _____

LOCAL CONTACT NAME _____

LOCAL CONTACT EMAIL ADDRESS _____

FINANCIAL INSTITUTION NAME _____

MAIL CODE OR DEPARTMENT NAME IF REQUIRED FOR DELIVERY _____

STREET ADDRESS _____ PO BOX _____

CITY, STATE _____ ZIP + 4 _____

TELEPHONE _____ FAX NUMBER _____

NUMBER OF SAFE DEPOSIT BOXES AT THIS LOCATION _____ ABA ROUNTING # _____

LOCAL CONTACT NAME _____

LOCAL CONTACT EMAIL ADDRESS _____

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STREET ADDRESS _____ PO BOX _____

CITY, STATE _____ ZIP + 4 _____

TELEPHONE _____ FAX NUMBER _____

NUMBER OF SAFE DEPOSIT BOXES AT THIS LOCATION _____ ABA ROUNTING # _____

	SELECT THE MEMBERSHIP DESIGNED FOR THE SIZE OF YOUR ORGANIZATION	CHECK ENCLOSED
A	1, 2, 3, (<i>circle one</i>) mailing addresses listed and delivered with this application = \$ 129	\$ 129
B	4, 5, or 6 (<i>circle one</i>) mailing addresses listed and delivered with this application = \$ 179	\$ 179
C	How many mailing addresses in addition to the 6 allowed above (B) . _____ at \$10 each = _____ PLUS \$179 for the first 6 mailing addresses ALL listed and delivered with this application	GRAND TOTAL \$
D	Associate Membership for industry related vendors / suppliers = \$ 150	\$ 150

Full payment must be received with the fully completed application. **Make check payable to MSDA** and mail to:

THE MINNESOTA SAFE DEPOSIT ASSOCIATION
 c/o Winnifred Howard-Hammack
 MN Power Employees Credit Union
 30 W Superior Street
 Duluth MN 55802