



## 2024 Dues Invoice – Individual Membership

Individual Membership Definition: Scientists, physicians, health care providers, or other professionals who are significantly involved in the clinical or scientific aspects of pre-hospital stroke care, shall be eligible.

Name of institution: \_\_\_\_\_

Name (include credentials): \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State/province: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Number OF MSUs: \_\_\_\_\_

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Please remit payment in the amount of \$200 via check or ACH (details below).

**Option 1. Mail checks to:**

PRESTO  
1935 County Road B-2 W, Suite 165  
Roseville, MN 55113  
USA

**Option 2. Complete the attached [direct deposit form](#) and return via mail (see Option 1 for address) with voided check.**

**Option 3. Credit card payments (Visa, Mastercard and American Express):**

**Must be FAXED ONLY to (888) 381-0170**

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV code: \_\_\_\_\_

**The PRESTO membership year runs January 1 – December 31.**

***PRESTO is in the process of applying for 501(c)3 non-profit status, which will enable your dues to be tax deductible. All paid members will be notified of the status of the 501(c)3 application in the next few months.***

PRESTO Executive Office  
1935 County Road B-2, Suite 165  
Roseville, MN 55113

Phone: (952) 646-2040 • Fax: (888) 381-0170 • Email: [connect@prestomsu.org](mailto:connect@prestomsu.org)