



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: _____

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) 646-2032 • Fax: (888) 381-0170 • Email: connect@prestomsu.org