

2026 Dues Invoice – Individual Membership

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

Name of I	nstitution:		
Name (inc	ude credentials):		
Email addı	ress:		
Phone nur	nber:		
Street add	ress:		
City:	State/Province: Zip code: Country:		
	Number OF MSUs:		
<u>Membersh</u>	nip Category – Indicate which category applies to you:		
1.	Physician Member - \$200 USD - Licensed medical doctors (MD, DO or equivalent)		
2.	Non-Physician Member - \$100 USD - Professionals who are not licensed physicians such as scientists, paramedics (EMT), nurse practitioners, radiographers, other health care provider or professionals.		
3.	Trainee Member - No Cost - Individuals currently enrolled in formal training programs related to healthcare or biomedical sciences, including medical students, nursing students, paramedic or EMT trainees, graduate students in neuroscience, public health, or related fields and residents or fellows in neurology, emergency medicine, or radiology. Trainee members must provide proof of current enrollment in a recognized educational or training program by submitting a letter from their program chair.		
	This document MUST be included with this application/invoice.		

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

For options #1 or 2, please remit payment in the amount of \$100/200 via check or credit card.

Option 1 - Mail checks to:

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

Option 2 - 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:	

Option 3. Contact us at connect@prestomsu.org for bank ACH or wire transfer information.

The PRESTO membership year runs January 1 – December 31.

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