



2025 Dues Invoice – Organizational Membership

Organizational Membership Definition: a MSU group or hospital who is involved or plans to be involved in pre-hospital stroke management may join. The organization will pay dues on behalf of its members.

Name of Institution: _____

Primary contact name (include credentials): _____

Email address: _____

Phone number: _____

Street address: _____

City: _____ State/Province: _____ Zip code: _____ Country: _____

Number of MSUs: _____ MSU Funding Source _____

Individuals under this organizational membership:

1. Name (include credentials): _____	Email: _____
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2. Name (include credentials): _____	Email: _____
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3. Name (include credentials): _____	Email: _____
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4. Name (include credentials): _____	Email: _____
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5. Name (include credentials): _____	Email: _____
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6. Name (include credentials): _____	Email: _____
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7. Name (include credentials): _____	Email: _____
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8. Name (include credentials): _____	Email: _____
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9. Name (include credentials):

Email:

10. Name (include credentials):

Email:

Please remit payment in the amount of \$2,000 via check or credit card (details below). If you prefer to pay by credit card, please note there is an additional \$60 credit card* processing fee.

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: _____

**Credit card payments will be processed for a total amount of \$2,060.00.*

Option 3. Bank ACH or wire transfer information:

For ACH/Domestic:

Bank: Bremer Bank, NA

Account Name: Prehospital Stroke Treatment Organization

ABA/Routing Number: 096010415

Account Number: 269542970

For International Wire:

Bank: Bremer Bank, NA

Bank Address: 372 St Peter St, St. Paul MN USA 55102

SWIFT Code: BRFSUS4T

Account Number: 269542970

Account Name: Prehospital Stroke Treatment Organization

Presto Address: 1935 County Road B2 W Suite 165, Roseville MN 55113

The PRESTO membership year runs January 1 – December 31.

PRESTO Executive Office

1935 County Road B-2 W – Suite 165

Roseville, MN 55113

Phone: (952) 646-2032 • Fax: (888) 381-0170 • Email: connect@prestomsu.org