

MESERB Associate Information Form

Name of Non-Governmental Entity:	
Name of Associate Representative:	
Title/Position:	
Office/Mailing Address:	
City:	ZIP:
Telephone 1:	
Telephone 2:	Fax:
E-Mail:	
Website:	
-	tion where it differs from the section above.
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OCC /N /- :1: A 1 1	
City:	ZIP:
Telephone 1:	
Telephone 2:	Fax:
E-Mail:	
Website:	
Assessment: \$ = (\$2,000.00) x	(# of months until next June 30) ÷ 12
Please submit this Associate Information Fo	orm and the assessment to:
Minnesota Environmental Sc	ience and Economic Review Board

Minnesota Environmental Science and Economic Review Board Attn: Shelly Walsh 525 Park Street, Suite 470 St. Paul, MN 55103

Forms via email to Shelly at slwalsh@flaherty-hood.com or by fax to (651) 225-9088.

For more information, contact Daniel Marx at (651) 259-1907 or dmmarx@flaherty-hood.com.