



MSBA/MASA POLICY SERVICES

APPLICATION FORM

2022-2023

District Name: _____

District Number: _____

Designated Contact Person: _____

E-mail Address: _____

Fee of \$2,000 enclosed

Mail to:

**MSBA/MASA Policy Services
Attn: Shelby Herrera
1900 West Jefferson Avenue
St. Peter, MN 56082-3015**