

# Minnkota Recycling Non-Profit Organization Registration

A charitable non-profit organization that wishes to receive revenues through recycling must complete this registration form so that Minnkota Recycling can activate the account at our recycling centers. Confirmation will be sent via mail.

-Please print clearly-

Date: \_\_\_\_\_  
Non-Profit Organization

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web Site: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

U.S. Treasury Department Charitable Organization Number: (if applicable)

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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Mail or Fax Registration Form to:  
Minnkota Recycling, Attn: Trisha Breker  
PO Box 1864, Fargo, ND, 58107-1864  
Phone: 701-293-8428  
Fax: 701-293-0813

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Minnkota Recycling's Policy regarding the donations of aluminum beverage cans and/or select sorted recyclables on behalf of Non-Profit Organizations:

1. Aluminum Recycling Center Personnel will only accept aluminum beverage cans and select sorted recyclables on behalf of charitable organizations that have completed a registration process.
2. Commodity prices are paid at street published prices at the time of the transaction date.
3. Revenues disbursed to all Non-Profit Organizations will be made on a calendar quarterly basis.
4. A Non-Profit Organization must have a calendar quarterly donation total equal to \$5.00 for a disbursement to occur, if the sum total is not \$5.00, the sum will be held for disbursement for the next business quarter along with additional proceeds earned or accrued.
5. An eligible organization must be a charitable organization exempt from taxation under Section 501(C) (3) of the Internal Revenue Code.

The above policies are intended to encourage non-profit organizations to generate revenues through recycling. Charitable Organizations that effectively utilize their resources will benefit from this program. We suggest placing notice to your contributors by using your periodical publications of this revenue source.

Office Use Only: Date Received: \_\_\_\_\_ Processed by: \_\_\_\_\_

Account Number Assigned: \_\_\_\_\_