

MISSISSIPPI SELF-STORAGE OWNERS ASSOCIATION (MsSSOA) MEMBERSHIP APPLICATION

Member Type (circle one):
Owner Associate* Vendor

*Associate Members are owners from other states. Neither Associate Members nor Vendors have voting rights.

Membership Fee for Owner / Associate / Vendor <i>(Covers registration of first facility for owners)</i>	\$ 135.00
Number of additional facilities - _____ @ \$65.00 / each <i>(All owned/managed locations must be included)</i>	\$ _____
TOTAL ENCLOSED:	\$ _____

(\$385 cap regardless the number of facilities)

FACILITY / COMPANY NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

OWNER: _____

OWNER'S PHONE: _____ FAX: _____ CELL: _____

EMAIL ADDRESS: _____

DESIGNATED CONTACT: _____

CONTACT'S PHONE: _____ FAX: _____ CELL: _____

EMAIL ADDRESS: _____

SHOULD THIS FACILITY RECEIVE MAIL? Yes No

How many units are in this facility? _____ What is the current occupancy? _____

Please complete a registration form for each facility you are registering.

How did you learn of our Association: _____

If you heard about us from an MsSSOA member, please list their facility name: _____

The MsSSOA is an affiliated state with the national Self Storage Association (SSA).

Are you a member of the SSA? Yes No

If not, are you interested in joining the SSA? Yes No

If YES, please make sure either a fax number or email address is listed above so we can fax/email you an application. Also, visit www.ssa.org for more information concerning the national association.

MAIL APPLICATION AND CHECK TO:

MsSSOA ** P.O. Box 89 ** Gulfport, MS 39502

Phone: 228-365-8965

Email: msssoasn@gmail.com Website: msssoa.org

YOU MAY E-MAIL APPLICATION IF USING A CREDIT CARD

PAYMENT METHOD: CHECK# _____	AMT. RECEIVED: _____
CREDIT CARD – VISA _____ MC _____ AMEX _____	CARD NO. _____ EXP. _____ / _____ CV# _____
NAME ON CARD: _____	BILLING ADDRESS: _____
CITY: _____	STATE: _____ ZIP: _____ BILLING PHONE: (____) _____
OFFICE USE ONLY: DATE RECEIVED: _____	MEMBER # _____ REGION # _____