



Office Use Only
Date: _____ Amount: \$ _____ Check#: _____

2017 Allied Membership Form

**Membership
Form**

Company: _____

Complete Mailing Address: _____

Phone: _____ Website: _____

Main Contact: _____ Cell: _____

Email: _____ Attending Convention? Yes No

Contact 2: _____ Cell: _____

Email: _____ Attending Convention? Yes No

Contact 3: _____ Cell: _____

Email: _____ Attending Convention? Yes No

Contact 4: _____ Cell: _____

Email: _____ Attending Convention? Yes No

AD Contact Name: _____ Email: _____

Select your company's level of participation:

- Gold Sponsor \$5,000 Silver Co-Sponsor \$3,000
- Blue Ribbon Partner \$1,000 Basic \$250 Basic Plus \$750

Your level of participation determines the number of included complimentary booths and attendees you receive:

*Gold Sponsor = 1 booth, 3 attendees | Silver Co-Sponsor = 1 booth, 2 attendees | Blue Ribbon = 1 booth, 1 attendee
Basic Plus = 1 booth, 1 attendee | Basic = 0 booth, 0 attendee (discounted rate will be available)*

Mail Checks to: 18 Freeway Drive Suite 3 Little Rock, AR 72204

PARTICIPATION LEVEL: \$ _____

TOTAL AMOUNT: \$ _____ PAYMENT: Check Visa American Express MasterCard

Name on card: _____

Billing Address: _____ Billing City State Zip: _____

Card# _____ Exp. Date: _____ CVV: _____

EMAIL ADDRESS FOR RECEIPT: _____

Mail completed form and payment to Arkansas Self Storage Association | 18 Freeway Drive Suite 3, Little Rock, AR 72204
or scan and email to sharris@arssa.org | Questions? (501) 607-4775