



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

2018 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

Advertising Contact Name: _____ Email: _____

Select your company's level of participation:

- Platinum \$5,000**
- Gold Sponsor \$3,000**
- Silver \$1,500**
- Bronze \$1,000**
- Basic \$300**
- Sponsorship \$750**

See Allied Program and Advertising Details Form for information on what each level includes.

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@arss.org | Questions? (501) 607-4775