



2017 MEMBERSHIP FORM

JOIN RENEW

PLEASE FILL OUT A SEPARATE MEMBERSHIP FORM PER FACILITY

STORAGE FACILITY CONTACT INFORMATION:

FACILITY NAME: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: _____ FAX: _____ WEBSITE: _____
MAIN FACILITY CONTACT: _____ EMAIL: _____
FACILITY CONTACT 2: _____ EMAIL: _____

COMPANY INFORMATION:

COMPANY NAME: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: _____ COMPANY CONTACT: _____ EMAIL: _____

OWNER INFORMATION: NUMBER OF FACILITIES OWNED/MANAGED: _____ YEARS IN SELF STORAGE: _____

FACILITY INFORMATION: YEAR CONSTRUCTED: _____ NUMBER OF UNITS: _____

AMENITIES:

- ONSITE MANAGER CREDIT CARDS ACCEPTED COMPUTER GATE ACCESS CLIMATE CONTROL UNITS
- RV/BOAT STORAGE OUTSIDE PARKING FENCED SECURITY CAMERAS
- TRUCK RENTALS MOVING SUPPLIES TENANT INSURANCE AVAILABLE OTHER: _____

2017 MEMBERSHIP DUES:

- 1-100 UNITS_ \$100
- 101-199 UNITS_ \$130
- 200 OR MORE UNITS_ \$200
- MULTIPLE FACILITIES_ \$300.00 Plus \$25 for each additional facility.

THE SCHEDULED MEMBERSHIP DUES ARE A FAIR SHARE MINIMUM USED TO OPERATE YOUR ASSOCIATION. WE ENCOURAGE YOU TO CONSIDER A 10% INCREASE IN YOUR DUES AMOUNT TO HELP UNDERWRITE OUR INCREASE IN OPERATION EXPENSES.

OPTIONAL 10% INCREASE AMOUNT\$ _____

PAYMENT INFORMATION: TOTAL AMOUNT: \$ _____

MAIL CHECKS TO: ASSA • 18 Freeway Drive, Suite 3 • Little Rock, AR 72204

PAYMENT TYPE: CHECK AMEX VISA MASTERCARD

NAME ON CARD: _____

COMPLETE BILLING ADDRESS: _____

CARD #: _____ EXP. DATE: _____ CVV: _____