

OKLAHOMA SELF-STORAGE ASSOCIATION (OKSSA) MEMBERSHIP APPLICATION

Owner/Associate Member (circle one):
Owner Associate*

Annual Dues: \$150 First Facility and \$50 each additional facility

First Facility		\$ 150.00
Number of additional facilities _____	@ \$50.00	\$ _____
TOTAL ENCLOSED:		\$ _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PARISH: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PARISH: _____

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's the total square footage: _____

How did you learn of our Association: _____

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

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.okssa.org for more information concerning the national association.

MAIL APPLICATION AND CHECK TO:

**** OKSSA ****

P.O. BOX 471819 ** TULSA, OK 74147

Questions contact Jim Smith Phone: 918-633-1572

Email: oklahomassa@gmail.com Website: www.OKSSA.org

LIST ADDITIONAL FACILITIES ON SEPARATE PAGES

OFFICE USE ONLY: DATE RECEIVED: _____ CHECK # _____
AMT RECEIVED: _____ MEMBER # _____ REGION # _____