

**OKLAHOMA SELF STORAGE ASSOCIATION (OKSSA)
MEMBERSHIP APPLICATION**

Owner/Operator Member	Associate Member	(circle one)
(Associate Member are Vendors and/or members from other states, Associate Members have no voting rights)		
Annual Dues: \$150 First Facility and \$50 each additional facility		
First Facility		\$150.00
Vendor or Association Member		\$150.00
Number of additional facilities _____ @ \$50.00		\$ _____
TOTAL ENCLOSED:		\$ _____

FACILITY OR VENDOR NAME: _____

FACILITY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER: _____

OWNER'S PHONE: _____ CELL: _____

E-MAIL ADDRESS: _____ WEBSITE: _____

DESIGNATED CONTACT: _____

CONTACT'S PHONE: _____ CELL: _____

E-MAIL 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

Visit www.selfstorage.org for more information concerning the national association.

There is a 3.5% service fee on all Credit Card transactions

CREDIT CARD AMOUNT: _____ CARD NUMBER: _____

EXP: _____ CVV: _____ BILLING ZIP CODE: _____

NAME ON CARD: _____

Mail Application and Check to:

OKSSA	Phone: 918-633-1572
P.O. Box 471819	
Tulsa, OK 74147-1819	E-mail: oklahomassa@gmail.com

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