

PART I

Member (Check One)

- Owner
- Property Management Company
- Manager
- Employee Title: _____

Vendor

- Equipment Manufacturer
- Real Estate
- Insurance
- Advertising
- Consultant
- Training
- Construction
- Property Mgmt.
- Other _____
- Computer Software
- Security Systems/Gates
- Financial/Banker/Lender
- Ancillary Products

Member Name _____ Telephone _____

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Fax _____ Email (required) _____

Most CSSA notices are sent via email. If you do not have an email address and would like your mailing address to be your primary contact for CSSA updates please check [] this box.

Website (if applicable) http:// _____

of Facilities Owned/Managed _____ # of years in Self Storage business _____

Primary Facility Information (For CSSA statistics only, this information is not for public use or sale.)

Facility Name _____

of Units _____ Total Rentable Sq. Ft. _____ Year Constructed _____

Address (if different from above) _____

City _____ State _____ Zip + 4 _____

Telephone _____ Fax _____

Additional Company Members *(List ALL members individually; attach additional sheets if necessary)

Please Note that any additional members listed are an additional annual membership price; \$100 per additional member.

1. Name _____ Title _____

Mailing Address _____ Phone _____

City _____ State _____ Zip _____

Email _____

2. Name _____ Title _____

Mailing Address _____ Phone _____

City _____ State _____ Zip _____

Email _____

PART II

Annual Membership Dues

_____ **\$100 per Manager Member** (for on site property managers, property employees)

_____ **\$175 per Owner/Operator Member** (for property owners, property managers)

_____ **\$275 per Vendor Member**

_____ **\$550 for Featured Vendor Membership**

PART III

Additional Products

_____ **\$20 each – The California Self Storage Lien Law Annotated**

_____ **\$299 CSSA Standardized Rental Agreement**

_____ **\$100 CSSA Standardized Parking Agreement (Boat/RV Parking)**

Total Enclosed: \$ _____

Check (payable to CSSA in US funds) Visa MasterCard American Express

Credit Card Number _____ Exp. Date _____

Signature _____

Print Signature Name _____

Membership dues, contributions, or gifts, made or paid to the California Self Storage Association are not refundable or transferable.

**INDICATE FORM OF PAYMENT AND MAIL APPLICATION AND CHECK ,
OR FAX APPLICATION WITH CREDIT CARD INFORMATION TO:**

CALIFORNIA SELF STORAGE ASSOCIATION (CSSA)
3780 KILROY AIRPORT WAY, SUITE 200, LONG BEACH, CA 90806
(888) 887-2772 (TOLL FREE) (562) 304-2865 (FAX)
WWW.CSSAWEB.COM EMAIL: INFO@CSSAWEB.COM