

Owner Associate Member* Vendor (circle one)
(Associate Members are members from other states
Associate Members and Vendor Members have no voting rights)

Annual Dues: \$150 First Facility and \$75 each additional facility

First Facility **\$ 150.00**

Vendor or Associate Member **\$ 150.00**

Number of additional facilities _____ **@ \$75.00 ea.** **\$ _____**
(Please list additional facility information on a copy of this form)

TOTAL ENCLOSED: **\$ _____**

FACILITY OR VENDOR NAME: _____

DESIGNATED CONTACT: _____

FACILITY PHONE: _____ **FAX:** _____ **CELL:** _____

FACILITY ADDRESS: _____

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

EMAIL ADDRESS: _____ **WEBSITE:** _____

SHOULD THIS FACILITY RECEIVE MAIL? Yes No

MAILING ADDRESS (if different from above): _____

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

OWNER'S NAME: _____

OWNER'S PHONE: _____ **FAX:** _____ **CELL:** _____

OWNER'S EMAIL ADDRESS: _____

GLOBE MAGAZINE (facilities only) SHOULD BE SENT TO: FACILITY ADDRESS OR MAILING ADDRESS

NUMBER OF UNITS IN THIS FACILITY: _____ **TOTAL SQUARE FOOTAGE:** _____

PLEASE SUPPLY A USER ID AND PASSWORD TO BE USED TO ACCESS "MEMBERS ONLY" INFORMATION ON THE SSALA WEBSITE. USER ID: _____ **PASSWORD:** _____

HOW DID YOU LEARN OF OUR ASSOCIATION? _____

IF YOU HEARD ABOUT US FROM AN SSALA MEMBER, PLEASE LIST THEIR FACILITY NAME: _____

THE SSALA IS AN AFFILIATED STATE WITH THE NATIONAL SELF STORAGE ASSOCIATION (SSA) as of 01/01/2008.

Are you a member of the SSA? Yes No

If not, are you interested in joining the SSA? Yes No

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

MAIL APPLICATION AND CHECK TO:

**** SSALA ** 13434 PLANK RD. ** BAKER, LA 70714 Phone: 225-774-2117 Fax: 225-774-2116**

Email: wanda@ssala.org **Website:** www.SSALA.org

LIST ADDITIONAL FACILITIES ON SEPARATE PAGES

Date Received: _____ Check # _____ Amount Received: \$ _____ Member # _____

Credit Card: Visa _____ MC _____ American Express _____ Card No. _____

Exp. ____/____ CV2 # _____ Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Billing Phone: (_____) _____