

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

|   |                  |              |
|---|------------------|--------------|
| Owner/Operator Member   | Associate Member | (circle one) |
| (Associate Member are Vendors and/or members from other states,<br>Associate Members have no voting rights) |                  |              |
| Annual Membership Jan -1 thru Dec-31, 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: \_\_\_\_\_

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Are you a member of the SSA?     Yes                       No

Visit [www.selfstorage.org](http://www.selfstorage.org) for more information concerning the national association.

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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  
P.O. Box 471819  
Tulsa, OK 74147-1819

E-mail: [oklahomassa@gmail.com](mailto:oklahomassa@gmail.com)

OFFICE USE ONLY:  
DATE RECEIVED: \_\_\_\_\_

CHECK #: \_\_\_\_\_  
AMT RECEIVED: \_\_\_\_\_

MEMBER # \_\_\_\_\_