

**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 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: \_\_\_\_\_

Are you a member of the SSA?                      ☐ Yes                      ☐ No

Visit [www.selfstorage.org](http://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  
P.O. Box 471819  
Tulsa, OK 74147-1819

Phone: 918-633-1572

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

OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_

CHECK #: \_\_\_\_\_

AMT RECEIVED: \_\_\_\_\_

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