



Owner  Manager  Associate Member

Date of Application \_\_\_\_\_

How did you hear about MSSOA?  Member referral  MSSOA Newsletter  Web site  
 Other \_\_\_\_\_

Facility Name: \_\_\_\_\_ Facility Manager: \_\_\_\_\_

Facility Location: \_\_\_\_\_ Facility Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mail and newsletters should be sent to (check one)  Company Mailing Address  Facility Address

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

# of Facilities Owned/Managed: \_\_\_\_\_ # of Years in Self-Storage Business: \_\_\_\_\_

Number of Units: \_\_\_\_\_ Total Rentable Sq. Ft.: \_\_\_\_\_ Year constructed: \_\_\_\_\_

If Vendor or Supplier, describe nature of product/service: \_\_\_\_\_

Amenities (Check all that apply):

- On Site Manager  Credit Cards Accepted  Multi-story  Single story
- All Outside Units  Climate Controlled  Computer Gate Access  Alarms
- Truck Rentals  RV/Boat Storage  Surveillance Cameras  Moving Supplies
- Tenant Insurance Available

Annual Membership Dues:     \$150.00     Total Amount Enclosed: \_\_\_\_\_  
(Please make check payable to MSSOA)

Signature: \_\_\_\_\_

Please mail the completed form with your check to:

**MSSOA PO Box 384 Winfield, MO 63389**