



# 2018 MEMBERSHIP FORM

Fill out this form and email it to [cbyrd@asginfo.net](mailto:cbyrd@asginfo.net), or mail it to:  
PO Box 1128, LaGrange, GA 30241

### Indicate Member Category:

- Full Member (Owner with at least 5% ownership)
- Associate Member (Vendor or Owner with less than 5% ownership)

### Indicate Business Type:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Auctions               | <input type="checkbox"/> Legal Firm                   | <input type="checkbox"/> Storage Facility Owner                 |
| <input type="checkbox"/> Brokerage              | <input type="checkbox"/> Management Company           | <input type="checkbox"/> Storage Facility MGMT Company/Operator |
| <input type="checkbox"/> Builder/Construction   | <input type="checkbox"/> Marketing                    | <input type="checkbox"/> Storage Facility Developer             |
| <input type="checkbox"/> Consulting/Feasibility | <input type="checkbox"/> Other Services               | <input type="checkbox"/> Storage Facility Future Developer      |
| <input type="checkbox"/> Financial              | <input type="checkbox"/> Other Services-Trucks/Moving | <input type="checkbox"/> Supplies                               |
| <input type="checkbox"/> Insurance              | <input type="checkbox"/> Other Services-Doors         | <input type="checkbox"/> Technology                             |
| <input type="checkbox"/> Legal                  | <input type="checkbox"/> Real Estate                  |   |
|   | <input type="checkbox"/> Security                     |   |

**2018 Membership Dues.....\$250.00**  
(Jan. 1, 2018 – Dec. 31, 2018)

**Member's Name** \_\_\_\_\_

**Company Name** \_\_\_\_\_ **# Facilities** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Telephone(s)** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email\*** \_\_\_\_\_

(\*Necessary, to receive GASSA communications.)  
By completing this form, you are opting in to receive all communications from GASSA. To opt out, visit [www.gassa.org](http://www.gassa.org), log in, and edit your profile preferences. You can also call or email our office at 678-764-2006/cbyrd@asginfo.net.

Facility addresses, if different from above. Attach additional pages, if necessary.

Facility Name _____	Facility Name _____
Contact Name _____	Contact Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____ Fax _____	Phone _____ Fax _____

**Payment Terms**      *CHECK*      Make payable to GASSA and mail to PO BOX 1128, LaGrange, GA 30240.

*CREDIT CARD*    AMEX    MC    VISA    DISCOVER    **CARD #** \_\_\_\_\_ **EXP.DATE** \_\_\_\_\_ **CCV** \_\_\_\_\_

**NAME ON CARD** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**Referred to GASSA by:** \_\_\_\_\_