



PRO-RATED MEMBERSHIP FORM

Fill out this form and email it to cbyrd@asginfo.net

or mail it to: PO Box 1128, LaGrange, GA 30241

Indicate Member Category:

- Full Member (Storage OWNER with at least 5% ownership)
 - Own 5 or less
 - Own 6 or more
- Associate Member (Vendor or Service Provider)

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 | |

2019 Membership Dues.....

(Jan. 1, 2019 – Dec. 31, 2019)

~~\$150.00~~
~~\$250.00~~

Member's Name _____

Company Name _____ # of Facilities _____

Mailing Address (must have mail receptacle) _____

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, 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 _____ Contact Name _____

Address _____ City/State/Zip _____

Phone _____ Fax _____

Payment Terms *CHECK* Make payable to GASSA and mail to PO BOX 1128, LaGrange, GA 30241.

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

BILLING ADDRESS _____

NAME ON CARD _____ **SIGNATURE** _____

Referred to GASSA by: _____