



North Carolina SSA Membership Application

www.ncssaonline.org

Please complete form and return it with your check or payment to the address below:

If you have questions, contact Claire Szabo at (703) 575-8000 ext. 105 or email NCSSA at NCSSAExecDir@selfstorage.org

All applications are subject to review before approval.

Parent Company		Website	
Primary Contact Name		Primary Contact Title	
Primary Contact Email	Phone	Fax	
Street Address			
City		State	Zip

Choose Membership Type:

Regular Member\$199
1-99 Units
Includes first facility,
\$30 each add'l facility

Regular Member \$279
100-200 Units
Includes first facility,
\$30 each add'l facility

Regular Member..... \$349
200 + Units
Includes first facility, \$30 ea.
add'l

Associate Member\$299

\$ _____ Dues

\$ _____ Add'l Facilities
x \$30/per facility

\$ _____ **TOTAL**

Check Enclosed Charge to

Credit Card

Card# _____

Expiration Date: _____

Security Code: _____

Billing Zip Code: _____

* Each member shall designate a person who shall serve as a representative of the member to the NCSSA, vote on behalf of the member. Email address must be included.

ADDITIONAL FACILITIES:

All facilities owned/managed must be reported

Use additional sheets if necessary

Facility Name		No. of Units	Approx Sq. Ft
Contact (Manager)		Title	
Email	Phone	Fax	
Street Address			
City		State	Zip

Facility Name		No. of Units	Approx Sq. Ft
Contact (Manager)		Title	
Email	Phone	Fax	
Street Address			
City		State	Zip

Mail to:

North Carolina Self Storage Association
1001 N Fairfax Street, Suite 505
Alexandria, VA 22314