



1901 N. Beaugard St., #106  
Alexandria, VA 22311  
(702) 952-2455 - Office  
(703) 575-8901 - Fax  
[www.nvssa.org](http://www.nvssa.org)

Membership Application

**Section I – Select your membership category (check one)**

- Owner/Operator Member 1 Facility-Annual Dues \$200 for the first facility plus \$125 for each additional facility.**  
Any person that owns, either directly or indirectly, a bona-fide interest in a self storage facility within the State of Nevada; to be a member, **all separate facilities owned/operated must join.**
- Associate Member Annual Dues \$300**  
Any person or firm that does not qualify for membership in the Association as an Owner/Operator Member but who is in a business which directly serves the self storage industry
- Founding Member \$2,000**  
The Founding Member designation is granted to members in good standing in any member category who have made a one-time contribution to the association of \$2,000.  
*Membership must be renewed annually at the current in order to maintain this membership designation.*

**Section II – Primary Contact Information**

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

Company Representative: \_\_\_\_\_ Title: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Contact Email: \_\_\_\_\_ Company Website: \_\_\_\_\_

**Section III – Associate Members**

What service(s) does your company provide?

\_\_\_\_\_ What part of Nevada do you serve?

Northern  Southern  Rural  All

How long have you or your company been in the self storage industry? \_\_\_\_\_

**Referred By:** \_\_\_\_\_

**Section IV – Owner/Operator Member**

Please complete this information for every facility owned or operated within the State of Nevada. This information will be included on the NVSSA Website's Self Storage Locator. *(You may photocopy this sheet or provide in an alternate format, i.e. Excel spreadsheet, if easier.)*

**Facility Name:** \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Facility Telephone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

Total Rentable Sq. Ft.: \_\_\_\_\_ Year Constructed: \_\_\_\_\_

Number of Units: \_\_\_\_\_

**Section V – Payment**

**Dues Amount:**

- Owner/Operator Member**      **First Facility**      **\$200**  
Additional Facilities # \_\_\_\_\_ x \$125 each = \$ \_\_\_\_\_
- Associate Member**      Annual Dues \$300

Please find my check# \_\_\_\_\_ enclosed for \$ \_\_\_\_\_.

Please make checks payable to: **NVSSA**  
**1901 N. Beauregard St.,**  
**#106**  
**Alexandria, VA 22311**

Please charge my credit card:     Visa     MasterCard     American Express

Fax forms for credit card payment to: 703-575-8901

Name on Card: \_\_\_\_\_  
Please Type or Print

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Card Security Code: \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_ Authorization Amount: \$ \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CREDIT CARD COMPLIANCE: IMPORTANT NOTICE:** NVSSA takes the protection of our customer’s credit card information seriously. To support this effort, the transmission or reception of credit card numbers by EMAIL is prohibited by NVSSA and the Payment Card Industry Data Security Standards or (PCI\_DSS).



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