



**2019
Vendor
Membership Application**

Contact Name _____

Company Name _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

Email Address _____

Website Address _____

How did you hear about WSSA?
 Current Member Meeting Notice Website/Internet Other (Please specify) _____

Annual Dues \$250

Enclosed is a check payable to WSSA for \$ _____

Please charge my credit card \$ _____
 Visa • MasterCard • Discover • American Express • Diner's Club • JCB

NAME & FULL BILLING ADDRESS ASSOCIATED WITH THE CREDIT CARD MUST BE PROVIDED BELOW.

Card Number _____

Expiration Date _____ **CVV/Security Code** _____

Name on Card _____

Address _____

City _____ **State** _____ **Zip** _____

Mail or Fax Application to:
Wisconsin Self Storage Association • 21620 Belgren Road • Waukesha • WI • 53186
Fax: 262.786.2424 • Phone: 262.786.3960 • info@wiselfstorage.org



Welcome to the Wisconsin Self Storage Association!