



**2020  
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](mailto:info@wiselfstorage.org)



***Welcome to the Wisconsin Self Storage Association!***