



Office Use Only
Date: _____ Amount: \$ _____ Check#: _____

2019 Allied Membership Application and Expo Registration Form

Membership Form

Company: _____

Complete Mailing Address: _____

Phone: _____ Website: _____

Main Contact: _____ Cell: _____

Email: _____ Attending Convention? Yes No

Contact 2: _____ Cell: _____

Email: _____ Attending Convention? Yes No

****Additional Attendees are \$100 per person, limited to two additional attendees.****

Names _____ Email Addresses _____

Advertising Contact Name: _____ Email Address _____

The annual golf tournament will be held Wednesday, August 21st at Shadow Valley Country Club.

Name(s) of Player(s) _____ Email: _____

Select your company's level of participation:

- Platinum \$5,000
- Gold Sponsor \$3,000
- Silver \$1,500
- Bronze \$1,000
- Basic \$300
- Sponsorship \$750

See Allied Program and Advertising Details Form for information on what each level includes.

Are you interested in sponsoring an event at the expo? Yes No

Sponsorship Opportunities are limited to one Allied Member each.

	Breakfast.....\$500.00
Speaker 1 \$2,000.00	Golf Tournament.....\$1,000.00
	Golf Lunch\$500.00
Speaker 2 \$2,000.00	Facility Tour\$500.00
	Welcome Reception\$2500.00
Speaker 3\$2,000.00	Facility Tour Lunch\$1000.00
	Lunch for Annual Meeting \$3500.00

Mail Checks to: 18 Freeway Drive Suite 3 Little Rock, AR 72204

PARTICIPATION LEVEL: \$ _____ SPONSORSHIP \$ _____ GOLF TOURNAMENT (\$150 per player) \$ _____

TOTAL AMOUNT: \$ _____ PAYMENT: Check Visa American Express MasterCard

Name on card: _____ Billing Address: _____

Billing City State Zip: _____ Card# _____

Exp. Date: _____ CVV: _____ EMAIL ADDRESS FOR RECEIPT: _____

Mail completed form and payment to Arkansas Self Storage Association | 18 Freeway Drive Suite 3, Little Rock, AR 72204 or scan and email to sharris@arssa.org | Questions? (501) 607-4775