

VANCOUVER ISLAND SELF-STORAGE ASSOCIATION
“VISSA”

MEMBERSHIP APPLICATION

Company Name: _____

Contact Name(s): _____

Address: _____

City: _____

Province: _____ PO Code: _____

Telephone: () Fax: ()

Email:

Website:

MEMBERSHIP DUES

Effective, January 1 – December 31

Payment \$ _____

Annual Dues \$50.00 per company

**BRING THIS COMPLETED APPLICATION
TO THE NEXT MEETING**

VANCOUVER ISLAND SELF-STORAGE ASSOCIATION

E: vissa@selfstorage.ca