



NPSA MEMBERSHIP APPLICATION

Today's Date: _____

COMPANY NAME: _____

ADDRESS (Mailing): _____
(Street or P.O. Box) (City) (State) (Zip)

ADDRESS (Shipping): _____
(Street) (City) (State) (Zip)

NAME: _____

TITLE: _____

TYPE OF BUSINESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

COMPANY WEB SITE: _____

Business Membership Categories (Please enter your dues amount on appropriate line)

<u>Category</u>	<u>Category Definition</u>	<u>Annual Dues</u>	_____
1	Companies with gross annual revenues of \$5,000,000 or more	\$2,600	_____
2	Companies with gross annual revenues of \$1,000,000 to \$4,999,999	\$1,600	_____
3	Companies with gross annual revenues of \$500,000 to \$999,999	\$1,100	_____
4	Companies with gross annual revenues of \$499,999 or below	\$ 600	_____
1A	Companies with gross annual revenues of \$5,000,000 or more AND that do not rent, sell or lease containers to end users	\$2,600	_____
2A	Companies with gross annual revenues of \$4,999,999 and below AND that do not sell, rent or lease containers to end users	\$1,100	_____

Additional Representative(s) _____ @ \$90 Ea. (Please list name(s) below or on back) _____

Dues to be Paid (check one): Annually _____ Semi-Annually _____ (extra \$25 processing fee per payment)

NOTE: NPSA will invoice your company for future dues at your appropriate dues renewal date.

Method of Payment

Enclosed is check number _____ in the amount of \$_____ for dues payment as indicated above.

Please bill my Amex, MasterCard or Visa account per the information below for \$_____ for dues payment as indicated above and send a receipt to my attention.

Credit Card Number	Expiration Date	If Visa, 3-4 digit number on signature strip on back of card (security code)
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Full name on card	Authorized Signature
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Complete Billing Address on card: Street, City, State, Zip Code

I Would Consider Serving on the NPSA Board of Directors: Yes _____ No _____

Please make checks payable to: National Portable Storage Association and send to:
3312 Broadway, Suite 105, Kansas City, MO 64111
Phone: 866-777-0635 Fax: 816-960-6575