



# Pennsylvania Moving & Storage Associates

## 2011 Associate Application

Company Name: \_\_\_\_\_

Individual Owner       Corporation       Partnership

Names of all Owners, Partners, Officers \_\_\_\_\_  
\_\_\_\_\_

Contact Person authorized to receive mail  
and make decisions on behalf of the company \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical address (if different than mailing address): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Internet Website \_\_\_\_\_

Business Reference – Include individual company, address & phone number \_\_\_\_\_  
\_\_\_\_\_

Product or Service \_\_\_\_\_  
\_\_\_\_\_

The undersigned represents, warrants, and promises that the information included with this application is true, accurate, and complete to the best of the applicant's knowledge and belief. If admitted to membership, I (we) agree and promise to pay the annual membership dues in a timely manner, abide by the bylaws, Code of Ethics, and other procedures as prescribed to the Board of Directors; and conduct business in an ethical manner consistent with the laws of the State of Pennsylvania, and the United States of America, or any subdivision thereof. I (we) understand that failure to meet these obligations may result in suspension or termination of membership and forfeiture of all membership services.

I consent to receive communications sent by or on my behalf of the PMSA and its subsidiaries and affiliates concerning programs, services, and activities via fax, E-Mail, regular mail or any other medium.

Signature of authorized representative \_\_\_\_\_ Date \_\_\_\_\_

*Please return completed application form along with one full year's membership dues (\$300).*