CMSA ROSTER & WEBSITE UPDATE - 2026

Company Name:							
Main Office Street Address:					T		
City:		State:		ZIP:			
Published Mailing Address:							
City:			State:		ZIP:		
Phone #:		Toll-Free #:					
FAX #: Published Website				•			
Published Email Address:							
Name of Principal Company							
(Check (✓) one person to be the PRIMARY CONTACT to receive postal mailing. All names listed with email addresses will receive emails regarding chapter notices, link to online Communicator and announcements. Use an additional sheet if							
receive emails regarding chapte needed.)	r notices, link	k to online Co	mmunicato	r and anno	ouncements. Us	e an additional sheet if	
Name: / Title:				Email Address:			
Name: / Title:				Email Address:			
Name: / Title:							
Name. / The.				Lillan Address.			
BRANCH OFFICES: (\$10 a	dditional fe	e ner montl	n for each l	branch lis	ted DO NOT	include main office)	
Address:				Phone #:			
City: S	ZIP:		FAX #:				
Manager Name:	LH.		Email:				
Transfer Transfer			Linui	•			
Address:			Phone	e. #:			
	tate:	ZIP:	FAX				
Manager Name:				Email:			
(Use additional sheet if needed.)							
(ese additional sheet if fieed	ica. ₎						
IF YOU ARE A HO	USEHOLD	GOODS M	OVER P	LEASE A	NSWER TH	E FOLLOWING:	
n 1007MC71110	CSEITCED		Office	ı	Branch #1	Branch #2	
1. Name of van line affiliation if any.		<u> </u>	<u> </u>		Tarion W I	<u>Branen na</u>	
2. Do you have a warehouse?							
3. If yes, give square footage.							
4. Do you have a public scale?							
5. If yes, state capacity in po							
20 11 y 22, 21000 cupucity in p c							
(Note corrections o	r additions	in any publi	c scale list	ing in the	current ROS	TER on page 2.)	
(1.000 001100110110		<u></u> p		<u>.</u>		TEIT on puge 2.)	
Did you check your Roster?	Yes N	0	Did you o	check the	CMSA webs	ite? Yes No	
	1 03 1		2100) 000			110	
G. A		D				D 4	
Signature:		Position:				Date:	
Please return to: CMSA, 10900 183rd St., Suite 300, Cerritos, CA 90703, or							
Email to: information@thecmsa.org Phone #: (562) 865-2900							
RETURN BY DECEMBER 15, 2025 (no guarantee changes will be made if received after due date)							
====: 21 22 321112	- ; - • -	- (8		ə ··		(TURN PAGE OVER)	
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Company Name:				
Address:	City:	State:		
County:	ZIP:	IP: Phone #:		
Company Name:				
Address:	City:	State:		
County:	ZIP:	Phone #:		
IF YOU ARE AN ASS	OCIATE MEMBER - Please ma	ark the appropriate box(es) below.		
One category listing is	free. Additional category listin	gs cost \$20 per category per year.		
Association Attorneys Auctioneers Auto & Boat Relocation Background Checks Cargo Optimization and Securen Commercial Mover Computer Services Consultants Corporate Headquarters Crates / Containers Crating, Packing & Shipping Credit Card Processing Custom Trailer Manufacturer Dispute Resolution Door Frame Protection Devices Drug & Alcohol Testing Employee Benefits Finance Fleet Fueling Solutions Freight Forwarders Furniture Dealer Corp. Move Magnetic Manufacturer Furniture Delivery Hawaii Movers HHG Trucker Idaho Movers	emt Svcs	Insurance / Financial Services Lab Moving: Temp.Sensitive Matl and Cher Leads / Marketing Leasing - Employee Equipment Manufacturer-Commercial Vans / Trucks Mexico Movers Military Move Management Mobile Storage Move Management Moving Company Marketing Moving Equipment / Rentals Nevada Movers Organizing, Packing and Resettling Svcs Out-of-State Mover Pack & Ship Paper Products / Packing Materials Payment Technology Port Agent Printing Services Repairs, Sales, Truck, Trailers Search Engine Optimization Software Third Party Specialty Services Truck Sales / Rentals Van Lines Warehouse Racking / Rental Equipment Other:		
		t you would like to receive emails from abo		
upcoming chapter meetings.	reneek speeme enapters that	a you would like to receive chialis from abo		
() ALL CHAPTERS				
() Central Coast() Central Valley() Greater Los Angeles() Mid Valley	() Monterey Bay() North Bay() Northern Region() OC/Beach Cities	() Sacramento() San Diego() Twin Counties() Ventura/Santa Barbara		