

MEMBERSHIP APPLICATION
CALIFORNIA MOVING AND STORAGE ASSOCIATION
 10900 E. 183rd Street, #300, Cerritos, CA 90703
 (562) 865-2900 (800) 672-1415 FAX (562) 865-2944

PLEASE PRINT CLEARLY

Date _____

1. Company Name: _____ Year Established: _____ County: _____
 Street Address: _____ City: _____ Zip+4: _____
 Mailing Address: _____ City: _____ Zip+4: _____
 Phone #: _____ Toll-Free #: _____ Fax #: (____) _____
 Published E-mail Address: _____ Website: _____

2. Organization: Corporation _____ Partnership _____ Sole Proprietor _____

3. List officers or owners (with titles) and check (✓) one person to receive postal mailings. All listed with email addresses will receive chapter meeting notifications, newsletters and announcements via email:

| <u>Name / Title</u> | <u>E-mail address</u> |
|---------------------|-----------------------|
| () _____ | _____ |
| () _____ | _____ |
| () _____ | _____ |
| () _____ | _____ |

4. If proprietorship, give d.b.a.: _____

5. Branch Offices (Add'l \$10 fee per month for each branch listed. DO NOT include main office.)

| <u>Address</u> | <u>Contact Name/Title</u> | <u>Phone Number</u> |
|----------------|---------------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| 6. Answer questions. | <u>Main Office</u> | <u>Branch #1</u> | <u>Branch #2</u> |
|--|--------------------|------------------|------------------|
| a. Name of van line affiliation, if any. | _____ | _____ | _____ |
| b. Do you have a warehouse? | _____ | _____ | _____ |
| c. If yes, give square footage. | _____ | _____ | _____ |
| d. Do you have a public scale? | _____ | _____ | _____ |
| e. If yes, state capacity in pounds. | _____ | _____ | _____ |

7. Total # of California operated power units including contractors: _____ (Movers Only)

NOTE: Include all California power units whether owned, leased or operated by independent contractors. Do not include forklifts or pickup trucks for non-revenue producing use.

8. CAL-T File No.: _____ (Movers Only)

ATTACH A COPY OF YOUR LATEST REPORT OF EQUIPMENT OPERATED.

9. Monthly dues assessment

| | | | |
|----|--|-------------|-------|
| A. | <u>Active (Mover) Membership:</u> | | |
| | 1) Initiation fees (first month only) | \$10.00 | _____ |
| | 2) Base monthly dues | \$47.50 | _____ |
| | 3) Monthly equipment charge (see note below) | \$7.50 ea. | _____ |
| | 4) Branch fee (add'l locations other than main office) | \$10.00 ea. | _____ |
| | | Total: | _____ |
| B. | <u>Associate/Affiliate (Supplier) Membership:</u> | | |
| | 1) Initiation fees (first month only) | \$10.00 | _____ |
| | 2) First-year dues* | \$780.00 | _____ |
| | <i>*After first year, Associate Member may choose to pay dues monthly.</i> | | |
| | 3) Branch fee (add'l locations other than main office) | \$10.00 ea. | _____ |
| | | Total: | _____ |
| C. | <u>Independent Contractor/Owner Operator:</u> | | |
| | 1) Initiation fees (first month only) | \$10.00 | _____ |
| | 2) Base monthly dues includes 1 truck | \$35.00 | _____ |
| | 3) Monthly equipment charge (excess of 1 truck) | \$7.50 ea. | _____ |
| | | Total: | _____ |

NOTE: Include all California power units whether owned, leased or operated by independent contractors. Do not include forklifts or pickup trucks for non-revenue producing use. Call (562) 865-2900 or TOLL FREE (within CA) (800) 672-1415 if there are questions.

10. **Payment of initiation fee and first month dues** must accompany application. Make check payable to : CMSA.

11. Copy of latest report of equipment operated must accompany application. (Movers Only)

12. Application sponsor (if applicable):

Name: _____ Phone: _____

Address: _____

Signature: _____

13. I agree to abide by ethical consumer business practices and bylaws of the California Moving and Storage Association. I further understand that the Board of Directors may cancel membership for failure to meet such requirements. **According to CMSA bylaws, cancellation of membership for any reason must be in writing.**

Signature _____

Membership effective month payment received or the first day of the next month if received after the 15th. Please complete, sign, and return with check and report of equipment operated to:

California Moving and Storage Association
Stephen J. Weitekamp, President
10900 E. 183rd Street, #300
Cerritos, CA 90703

ASSOCIATE MEMBER APPLICANTS ONLY – Please mark the appropriate box(es) below. One category listing is free. **Additional category listings cost \$20 per category / per year.**

Name of Company: _____

- | | |
|--|--|
| <input type="checkbox"/> Associations | <input type="checkbox"/> Leasing - Employee Equipment |
| <input type="checkbox"/> Attorneys | <input type="checkbox"/> Local Search Directory |
| <input type="checkbox"/> Auctioneers | <input type="checkbox"/> Manufacturer-Commercial Vans / Trucks |
| <input type="checkbox"/> Auto & Boat Relocation | <input type="checkbox"/> Mobile Storage |
| <input type="checkbox"/> Commercial Mover | <input type="checkbox"/> Moving Company Marketing |
| <input type="checkbox"/> Computer Services | <input type="checkbox"/> Moving Equipment / Rentals |
| <input type="checkbox"/> Consultants | <input type="checkbox"/> Nevada Movers |
| <input type="checkbox"/> Crates / Containers | <input type="checkbox"/> Ocean Carrier |
| <input type="checkbox"/> Crating, Packing & Shipping | <input type="checkbox"/> Organizing, Packing and Resettling Svcs |
| <input type="checkbox"/> Credit Card Processing | <input type="checkbox"/> Pack & Ship |
| <input type="checkbox"/> Custom Trailer Manufacturer | <input type="checkbox"/> Paper Products / Packing Materials |
| <input type="checkbox"/> Diesel Testing & Service | <input type="checkbox"/> Payment Technology |
| <input type="checkbox"/> Drug & Alcohol Testing | <input type="checkbox"/> Port Agent |
| <input type="checkbox"/> Fleet Fueling Solutions | <input type="checkbox"/> Printing Services |
| <input type="checkbox"/> Freight Forwarders | <input type="checkbox"/> Repairs, Sales, Truck, Trailers |
| <input type="checkbox"/> Furniture Dealer Corp. Move Mgmt Svcs | <input type="checkbox"/> Roofing & Waterproofing |
| <input type="checkbox"/> Furniture Delivery | <input type="checkbox"/> Search Engine Optimization |
| <input type="checkbox"/> Furniture Installation | <input type="checkbox"/> Software |
| <input type="checkbox"/> Hawaii Movers | <input type="checkbox"/> Third Party Specialty Services |
| <input type="checkbox"/> HHG Trucker | <input type="checkbox"/> Truck Sales / Rentals |
| <input type="checkbox"/> Hydraulic Liftgate Mfg | <input type="checkbox"/> Uniforms/Apparel/Design |
| <input type="checkbox"/> Independent Contractors | <input type="checkbox"/> Van Lines |
| <input type="checkbox"/> Insurance / Financial Services | <input type="checkbox"/> Warehouse Racking / Rental Equipment |
| <input type="checkbox"/> Laborer Sourcing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Leads / Marketing | |

Check (✓) "ALL CHAPTERS" or check specific chapters that you would like to receive emails from about upcoming chapter meetings.

() ALL CHAPTERS

- | | | |
|--|--|--|
| <input type="checkbox"/> Central Coast | <input type="checkbox"/> Monterey Bay | <input type="checkbox"/> Sacramento |
| <input type="checkbox"/> Central Valley | <input type="checkbox"/> North Bay | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> Greater Los Angeles | <input type="checkbox"/> Northern Region | <input type="checkbox"/> Twin Counties |
| <input type="checkbox"/> Mid Valley | <input type="checkbox"/> OC/Beach Cities | <input type="checkbox"/> Ventura/Santa Barbara |