<u>Have you checked your roster? If all is correct, check Yes and return form with your Company Name.</u> If you need corrections made, please complete this entire form and check <u>CORRECTIONS NEEDED</u>.

CMSA ROSTER & WEBSITE UPDATE - 2024

Company Name:								
Main Office Street Address:								
City:	State:			ZIP:				
Published Mailing Address:						•		
City:			Sta	ite:		ZIP:		
Phone #:			•	Toll-H	Free #:	•		
FAX #:	Publis	hed Websit	e Ad	ldress:				
Published Email Address:								
Name of Principal Company Off	cers / P	osition Title	e:					
(Check (✓) one person to receive post	al mailin	g. All names	listed				e emails regarding chapter	
notices, link to online Communicator and announcements. Use additional sheet if needed.)								
Name:	/ Tit			Email Address:				
Name: / Title:				Email Address:				
Name:	/ Tit	e:		Email Address:				
Branch Offices: (\$10 additional f	ee per n	nonth for ea	ich b	ranch lis	sted. <u>D</u>	<u>) NOT</u> includ	e main office.)	
Address:	1	Phone #:						
City: State:		ZIP:	ZIP: FAX #:					
Manager Name:				Email:				
Address:		Phone #:						
City: State:		ZIP: FAX #:						
Manager Name:		Email:						
(Use additional sheet if needed.)								
IF YOU ARE A HOUS	EHOLD	GOODS N	10V	ER, PLI	EASE A	NSWER TH	E FOLLOWING:	
		Main Office		ce Branch #1		Franch #1	Branch #2	
1. Name of van line affiliation if	any.							
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 pounds	•							
(Note corrections or additions in <u>any public scale listing in current ROSTER on page 2.)</u>								
Did you check your Roster? Yes No Did you check the CMSA website? Yes No								
			•					
Signature:		Position:					Date:	
Signature.	1 05111011.				Date.			
Please return to: CMSA, 10900 183rd St., Suite 300, Cerritos, CA 90703, or FAX to: (562) 865-2944								
Email: information@thecmsa.org Phone #: (562) 865-2900								
		TURN BY I		Ŭ		,		
(TURN PAGE OVER)								

NOTE ANY CORRECTIONS OR DELETIONS IN PUBLIC SCALE LISTING (IN BACK OF ROSTER) BELOW:

Company Name:						
Address:	City:	Sta	.te:			
County:	ZIP:	Phone #	ŧ:			
Company Name:						
Address:	City:	Sta	te:			
County:	ZIP:	Phone #	ŧ:			

IF YOU ARE AN ASSOCIATE MEMBER - Please mark the appropriate box(es) below.

One category listing is free. Additional category listings cost \$20 per category per year.

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

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

() 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