



TENNESSEE

SELF STORAGE ASSOCIATION

MEMBERSHIP APPLICATION

Are you interested in joining as a:

- Full Member (owner/operator) Associate Member (vendor/sponsor)

Member Name: _____

Company Name: _____

Mailing Address: _____

City / State / Zip: _____

Telephone: _____ Fax Number: _____

Email Address: _____

Facility Address(es): (if different from above)

Facility Name: _____

Facility Address _____

City / State / Zip: _____

Telephone: _____ Fax Number: _____

Number of Units: _____ Net Rentable Sq Ft: _____

Facility Name: _____

Facility Address _____

City / State / Zip: _____

Telephone: _____ Fax Number: _____

Number of Units: _____ Net Rentable Sq Ft: _____

Note: Please submit on a separate page the same information as above for all additional facilities

Are you currently a Direct Member of the national Self Storage Association (SSA)? Yes No

If joining as an Associate Member, please list what business services you offer: _____

Membership Dues: \$175.00 First Facility and \$50 for each additional facility; \$175 Associate Membership	
First Facility or Associate Membership:	\$ 175.00
Number of additional facilities: _____ @ \$50.00	\$ _____
Total Enclosed:	\$ _____

Mail application and payment to: Tennessee Self Storage Association • 2855 N Houston Levee Rd. • Cordova, TN 38016

For questions/comments, please email us at info@tnssa.net