



TENNESSEE SELF STORAGE ASSOCIATION

Membership Application

Applicant Information

Owner/Operator Member

Vendor Member

Member Name:

_____ *Last* _____ *First* _____ *M.I.*

Company Name:

Mailing Address:

Business Phone:

() _____

Cell Phone: () _____

Email Address:

 This will be used for all renewals, billings, event registration and communications.

Facility Information

#1 Facility Name:

Facility Address:

City/State/Zip:

Telephone:

Number of Units:

Net Rentable Sq Ft:

#2 Facility Name:

Facility Address:

City/State/Zip:

Telephone:

Number of Units:

Net Rentable Sq Ft:

Note: Please submit, on a separate sheet of page, the same information as above for each additional facility location.

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

Vendor Members, please list what business services you offer: _____

Owners Membership Dues Per Year: \$195 first facility and \$95 for each additional facility

Vendor Membership Dues Per Year: \$195

First Facility or Vendor Membership: \$ 195.00

Number of Additional Facilities: _____ @ \$95 \$ _____

Total Enclosed: \$ _____

Mail Membership Application and Payment to:

Tennessee Self Storage Association, 2817 West End Ave, Suite 126-197, Nashville, TN 37203

Questions? Email: info@tnssa.net