



## Membership Application

### Applicant Information

Owner/Operator Member

Vendor Member

Member Name:

*Last*

*First*

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](mailto:info@tnssa.net)