



Texas Self Storage Association Member Facility Information MEMBERSHIP APPLICATION FOR ADDITIONAL FACILITIES

Return to: 595 Round Rock West Dr., Ste. 503 • Round Rock, TX 78681 • (888) 259-4902 • Fax (512) 374-9253

Date: _____ **Member ID:** _____

Member Information:
Name of the main membership: _____

Facility Information:
 Facility Name: _____
 Facility *Physical* Address: _____
 Mailing Address: _____
 City: _____ State: _____ ZIP _____
 Facility Telephone: (____) _____ Facility Fax: (____) _____
 Facility Email: _____
 Facility Website: _____
 Can the facility receive the following: U.S. Mail

Billing Address (if different from above):
 Address: _____
 City: _____ State: _____ ZIP _____

Indicate the Delivery Address for your Starter Kit (if different from above):
 Address: _____
 City: _____ State: _____ ZIP _____

Number of Spaces/Units:	Ground Level	Upper Level	Total
Non-Climite-Controlled Self Storage _____	_____	+ _____	= _____ (non-CC units)
Climate-Controlled Self Storage _____	_____	+ _____	= _____ (CC units)
Enclosed RV and Boat Spaces _____			
Covered RV and Boat Spaces _____			
Open Parking Spaces _____			
Container/Portable Storage _____			
	TOTAL NUMBER OF SPACES/UNITS		_____
	NET RENTABLE SQ. FEET		_____
Year Constructed _____	(does not include hallways or office)		

Facility Amenities: Check all that apply

<input type="checkbox"/> Alarms	<input type="checkbox"/> Moving Supplies	<input type="checkbox"/> Single Story
<input type="checkbox"/> All Outside Units	<input type="checkbox"/> Multi-Story	<input type="checkbox"/> Tenant Insurance Available
<input type="checkbox"/> Boat Storage	<input type="checkbox"/> On Site Manager	<input type="checkbox"/> Truck Rentals
<input type="checkbox"/> Climate Control Available	<input type="checkbox"/> Portable Container	<input type="checkbox"/> U.S. Post Office Satellite
<input type="checkbox"/> Computer Gate Access	<input type="checkbox"/> Resident Manager	<input type="checkbox"/> Video Cameras
<input type="checkbox"/> Credit Cards Accepted	<input type="checkbox"/> RV Storage	<input type="checkbox"/> Wine Storage

Membership Dues:
 Additional Facilities (# ___ x \$140 each) \$ _____ (annual)
 TOTAL DUE \$ _____

Payment Method: Check No. _____ (payable to TSSA)
 VISA MasterCard American Express Discover

Credit Card Information:
 Name on Card: _____
 Number: _____
 Exp. Date: _____ VCode: _____
 Billing ZIP _____
 Signature: _____