

Young Storage Network (YSN) Application Form

Name	
Date of Birth	
Job Title	
Company	
Address	
Company Website Address	
Telephone No.	
Mobile No.	
Email Address	
Reason for joining	
I wish to join SLACK	<input type="checkbox"/> Yes <input type="checkbox"/> No

By submitting this form and joining the Young Storage Network you agree to receive relevant communications from the SSA UK or YSN members.

YSN Applicant Signature: _____

Signature of Supervisor: _____

Date: _____

Date: _____

Self Storage Association UK

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