



INDIVIDUAL ASSOCIATE MEMBERSHIP APPLICATION

Please check one: This is an application for a new membership or renewal.

1. Name _____

2. Unit No. or Suite No. , if applicable _____

Street _____

City _____ State _____ Zip _____

3. Phone — land line () _____ Phone — cell phone () _____

Email _____

4. SCCA information and notices will be sent to your email address unless you provide other

instructions here: _____

Signature _____

Date: _____

Please mail this application to: SCCA Treasurer, P.O. Box 320495, Cocoa Beach FL 329320495. Send your annual membership dues check for \$35.00, made payable to SCCA, along with this application.

OR

Mail it to the above address or submit it electronically to Treasurer@scca-online.org and pay the \$35.00 Individual Membership Fee online at <https://scca-online.org/pay-im/>.