Association Membership Application

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

	We are a □ condominium □ homeowners association □ cooperative □ timeshare			
Z.	The name of our association is:			
	We are located in (name of town or city):			
4.				
	StreetCity	Stato	7in	
5	Our association represents the following number of hom			
0.	Our Board President's name is: Phone () Email			
	Address (if different from item 5):			
	Unit No Street			
	City	State	Zip	
7.	Our Board Secretary's name is:			
	Phone () Email		_	
8.	Our contact for SCCA matters is our <a>D President or <a>D Other Board member or owner of a residential unit			
	governed by our association.			
	If "Other Board Member or owner" is selected, please complete the following:			
	Name Phone () Email			
	Mailing address, if different from item 2, is:			
	Unit No Street			
	City			
	SCCA information and notices will be sent to your contact's email address unless you provide other			
9.	We are □ self-managed □ managed by (company)			
	Our property manager or CAM's name is			
	Phone () Email			
10.	How did you hear about SCCA?			
Cia				
Sigi	nature Title No Master Association, or Your Master			
	•		Member	
	□ 20 or fewer units \$25 □ 21 to 40 units \$40 □ 41 to	0 60 units \$55		
	□ 61 to 80 units \$70 □ 81 or more units \$85			
	Communities With A Ma	ster Association		
	☐ Master association \$100			
	osidiary association with 40 or fewer units \$20. \Box Subsister Association			
	ase mail this application to: SCCA Treasurer, P.O. Box 32 mbership dues check, made payable to SCCA, along with	•	L 32932-0495. Send your	