



SPACE COAST COMMUNITIES ASSOCIATION

A d.b.a. of Space Coast Condominiums Association, Inc. Post Office Box 320495

• Cocoa Beach, Florida 32932-0495 www.scca-online.org

Association Membership Application

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

1. We are a condominium homeowners association cooperative timeshare
2. The name of our association is: _____
3. We are located in (name of town or city): _____
4. Our mailing address is: Unit No., Suite No., or "Office" as applicable _____
Street _____
City _____ State _____ Zip _____
5. Our association represents the following number of homes or units: _____
6. 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 President or 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 _____ State _____ Zip _____

SCCA information and notices will be sent to your contact's email address unless you provide other instructions here: _____

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? _____

Signature _____ Title _____

Number of Units in Your Association

20 or fewer units \$50 21 to 40 units \$65 41 to 60 units \$80

61 to 80 units \$95 81 or more units \$110

Please mail this application to: SCCA Treasurer, P.O. Box 320495, Cocoa Beach FL 32932-0495. Send your membership dues check, made payable to SCCA, along with this application.