

Association Membership Application

	Please check one: This is an	application for a	new membership	or renewal.	
1.	We are a □ condominium □ ho	meowners associat	ion 🗆 cooperative	□ timeshare	
2.	The name of our association is:				
3.	·				
4.	3				
	Street				
	City		State	Zip	
5.	Our association represents the f	Our association represents the following number of homes or units:			
6.	Our Board President's name is:				
	Phone () Email _		Address (if d	lifferent from item 5):	
	Unit No Street				
_	City		State	_ Zip	
1.	Our Board Secretary's name is:				
_	Phone () Email_				
1.					
	residential unit governed by our association.				
	If "Other Board Member or owner" is selected, please complete the following: Name Phone () Email				
			Email		
	Mailing address, <i>if different from item 2</i> , is: Unit No Street				
	Office No Street		Ctoto	7in	
_	City SCCA information and notices w	vill be cont to your	State	_ ZIP	
၁.	vide other instructions here:				
6.					
Ο.	Our property manager or CAM's	name is)		
	Phone () Em	ail			
	There () 2m	uii			
Si	gnature	Title _			
	No Master Association,				
	□ 20 or fewer units \$25	21 to 40 units \$40	☐ 41 to 6	0 units \$55	
	□ 61 to 80 units \$70	81 or more units \$8	5		
	Commun	ities With A Maste	r Association		
	■ Master association \$100				
	☐ Subsidiary association with 40 or fewer units \$20. ☐ Subsidiary association with 41 or more				
	units \$50. My Master Association				
	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, or mail or email in your application and pay by Pay Pal as noted on the				
	bottom of the "Join SCCA" page	on our website.			

(Form Last Revised July 22, 2023)