

**BUSINESS ASSOCIATE MEMBERSHIP APPLICATION**

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

1. Name of Business \_\_\_\_\_

2. Business Contact Person \_\_\_\_\_

**Note:** List someone with your firm whom SCCA members can contact about doing business with your firm.

3. Business Address: Unit No.  or Suite No. , if applicable \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Phone ( ) \_\_\_\_\_ Phone-cell ( ) \_\_\_\_\_ Phone-FAX ( ) \_\_\_\_\_

5. Email \_\_\_\_\_ Web site www. \_\_\_\_\_

**IMPORTANT:** Provide a short paragraph about your business for your business' entry in SCCA's monthly on-line Business Associate Directory. Think of it in terms of a "teaser" to tweak a potential customer's interest. If you would like to see some examples you can view the current directory on SCCA's Web site at www.scca-online.org. Click the "Directory" tab. **Please note that the paragraph should be limited to 50 words or less so that it will display properly in the directory.** (Your contact information above will be automatically included and should not be repeated in this paragraph. It does not count against the word limit.) Write your paragraph below, or attach it.

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6. How did you hear about SCCA? \_\_\_\_\_

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Signature \_\_\_\_\_ Title \_\_\_\_\_

Date: \_\_\_\_\_

Please mail this application to: SCCA Treasurer, P.O. Box 320495, Cocoa Beach FL 329320495. Send your annual membership dues check for \$100.00, made payable to SCCA, along with this application.