

## **INDIVIDUAL ASSOCIATE MEMBERSHIP APPLICATION**

	Please check one:	This is an applicatio	n for a	new membersr	np or	renewal.
1.	Name					
2.	Unit No.□ or Suite No.	o.□, if applicable				
	Street					
	City					
3.	Phone — land line (	)	Phone -	– cell phone (	)	
	Email					
4.	SCCA information and					
	instructions here:					
Sig	nature					
	te:					

Please mail this application to: SCCA Treasurer, P.O. Box 320495, Cocoa Beach FL 32932-0495. Send your annual membership dues check for \$35.00, made payable to SCCA, along with this application, or mail in your application and pay by Pay Pal as noted on the bottom of the "Join SCCA" page on our website.

(Last Revised July 22, 2023)