



SPACE COAST COMMUNITIES ASSOCIATION

A d.b.a. of Space Coast Condominiums Association, Inc.
Post Office Box 320495 • Cocoa Beach, Florida 32932-0495
(321) 868-1790 • www.scca-online.org

Association Membership Application

- 1. New Membership Membership Renewal
- 2. We are a condominium homeowners association cooperative timeshare
- 3. The name of our association is: _____
- 4. We are located in (name of town or city): _____
- 5. Our mailing address is: Unit No., Suite No., or "Office" as applicable _____
Street _____
City _____ State _____ Zip _____
- 6. Our association represents the following number of homes or units: _____
- 7. Our contact for SCCA matters is: our President other (name) _____
(If "other" Phone () _____ Email _____
Unit No. _____ Street _____
City _____ State _____ Zip _____)
- 8. SCCA information and notices will be sent to your contact's email address unless you provide other instructions here: _____
- 9. Our Board President's name is: _____
Phone () _____ Email _____ Address (if different from item 5):
Unit No. _____ Street _____
City _____ State _____ Zip _____
- 10. Our Board Secretary's name is: _____
Phone () _____ Email _____
- 11. We are self managed managed by (company) _____
Our property manager or CAM's name is _____
Phone () _____ Email _____

Signature _____ Title _____

No Master Association, or Your Master Association Is Not a Member

- 20 or fewer units \$25 21 to 40 units \$40 41 to 60 units \$55
- 61 to 80 units \$70 81 or more units \$85

Communities With A Master Association

- Master association \$100
- Subsidiary association with 40 or fewer units \$20. Subsidiary association with 41 or more units \$50. My Master Association _____ is a member.

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