



SSCA Membership Application

Primary Contact Name _____ **Spouse/Partner** _____

Mailing Address _____

City _____ **Province/State** _____ **Postal/ Zip Code** _____

Home Tel _____ **Cottage Tel** _____

Business Telephone: _____ **Email Address:** _____

Primary Contact		
Spouse/Partner		

Island Number(s)	Island Name(s)

MEMBERSHIP TYPE (check one) FULL MEMBERSHIP _____ **Annual Dues** \$165.00

ASSOCIATE MEMBERSHIP* _____ **Annual Dues** \$ 50.00

**An Associate Member must be Twenty-nine (29) years of age or under on December 31st of the dues year and must be a relative of a Full Member. An Associate Member is NOT eligible to vote at the Annual General Meeting.*

ASSOCIATE MEMBER DATE OF BIRTH _____ / _____ / _____

REFERRING MEMBER _____

Complete the application and mail it to the address below or email it to SSCA at permanentsecretary@ssca.info.

There are TWO WAYS to pay your annual dues:

- (i) **ONLINE** at our website www.ssca.info. Click on the link in the right margin of the home page to pay by PayPal; or
- (ii) **BY CHEQUE** payable to **Sans Souci and Copperhead Association** mailed to SSCA, c/o Sue Anderson, 561 Avenue Road, Suite 302, Toronto, ON M4V 2J8
Phone (416) 860-0100 Email: permanentsecretary@ssca.info

For further information on the SSCA please contact our membership director, Gregg Scott at membership@ssca.info.

Thank you for joining the SSCA!