



SSCA Membership Application

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

Mailing Address _____ **Cottage Tel** _____
_____ **Home Tel** _____

City _____

Province/State _____

Postal/Zip Code _____

	Business Telephone:	Email Address
Primary Contact		
Spouse/Partner		

Island Number(s)	Island Name(s)

SSCA Annual Dues

Please remit your payment of **\$150.00** for yearly dues payable to:

SANS SOUCI AND COPPERHEAD ASSOCIATION

Please mail to (new address):

Sans Souci and Copperhead Association
c/o Sue Anderson
561 Avenue Road, Suite 302, Toronto, ON M4V 2J8
Phone (416) 860-0100 Fax (416) 860-0580
Email: permanentsecretary@ssca.info

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

Thank you for joining the SSCA!