

# The Scottsmoor Community Association Membership Application

**Please print!**

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

Name: \_\_\_\_\_

Please check Appropriate: \_\_\_ Land Owner \_\_\_ Resident

Street Address: \_\_\_\_\_

**Mailing** Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Activities you would like to see offered at the Scottsmoor Meeting Hall (for a small fee)

\_\_\_\_\_  
\_\_\_\_\_

Activity **YOU** are qualified and willing to teach or lead:

Local Concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dues are \$10.00 per adult family member and are due annually  
In January.**

For office use only – PAID yes no

Mail this application to: *Scottsmoor Community Association P.O. Box 657 Scottsmoor, FL 32775*  
*Please be aware that we will charge a for any returned checks based on our bank's returned check fee.*

*Want to advertise on our website at [www.Scottsmoor.org](http://www.Scottsmoor.org) ? Members pay only \$15 to have an ad on our website for one whole year!*