



**Sandy Springs Council
of Neighborhoods**

**2009 MEMBERSHIP
REGISTRATION FORM***

Name of Organization: _____

Number of Households Represented: _____

Sandy Springs City District: _____ Zip: _____

Name of President: _____

Address of President:

SANDY SPRINGS, GEORGIA Zip: _____

Phone: _(_____)_____

E-mail _____

Name and Address of Representative other than
President to receive notices and information:

Name: _____

Address: _____

SANDY SPRINGS, GEORGIA Zip: _____

Phone: _(_____)_____

E-mail: _____

HOA Website: www._____

*Please note that in compliance with SSCN by-laws
ALL registration information is confidential and will not be
shared with any 3rd parties. E-mails will be sent sparingly and
only to convey important information.

2009 ANNUAL DUES: \$75.00

DUES PAID: \$ _____

DATE: _____/_____/2009

Please return in the enclosed envelope or mail to:

Marlise Landeck
325 Breakwater Ridge
Sandy Springs, GA 30328