

# SSCN Membership Registration Form\*

## Instructions:

1. Complete all the information for your organization
2. Select one of the "Submission Options"  
& send your \$75 Membership Dues to the address indicated
3. Thank You so much for your support – we look forward to the year ahead!



<b>This Form Is For The Year 20</b> _____	
Name of Your Organization	TypeHere
Number of Households Represented	TypeHere
Sandy Springs Council District (1 thru 6)	TypeHere
Sandy Springs Councilmember Name	TypeHere
Name of Your President	TypeHere
Address of President	Address City, State Zip
Phone Number of President	TypeHere
President's Email	TypeHere
Your HOA Website	

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

Name of Representative	TypeHere
Address of Representative	Address City, State Zip
Phone Number of Representative	TypeHere
Representative's Email	TypeHere

**\*Please note that in compliance with SSCN by-laws all registration information is confidential and will not be shared with any 3rd parties. Email addresses provided will be sent monthly SSCN e-newsletters and will be used sparingly - only to convey important information.**

**Annual Dues: \$75**

<p><b>Submission Options</b> - Select option with an "X"</p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> I am mailing this form with my payment</li> <li>2. <input type="checkbox"/> I am emailing this form &amp; my payment will be mailed</li> <li>3. <input type="checkbox"/> I am emailing this form &amp; will pay via PayPal</li> </ol>	<p><b>Mail to:</b> Sandy Springs Council of Neighborhoods PO Box 76154 Sandy Springs, GA 30358 Attn: Doug Falciglia</p> <p><b>Email to:</b> DougFalciglia@SandySpringsCouncil.org</p>
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**For SSCN Office Use Only**

Dues Paid: \$	
Date: ____/____/____	