

SSHA MEMBERSHIP - NEW / RENEW

Today's Date:	New Membership	Renewal - I was last a member in	
*Required information (even if previous	sly provided) so we can e		
*First & Last Name_ PLEASE PRINT CLEARLY			
*Sausalito Shores Address			
*City, State, Zip			
Mailing Address (if different)			
*Phone	*EMAIL		
Alt. Phone:	By providing your email, you agree to receive SSHA member notifications and newsletters via email. You also agree to receive "Good Neighbor" email alerts, news, and safety messages. You may opt-out from receiving emails on the SSHA website contact form.		
*For security purposes, please provide full names of any immediate family members living in your household with whom you will share the SSHA electronic gate code: FIRST & LAST NAME RELATIONSHIP	How have you lived Do you o a How ma own PLEASE CONTINUE I	w many years/months in Sausalito Shores? wwn or rent the home address listed above? any properties do you in Sausalito Shores? If YOU OWN MULTIPLE PROPERTIES number of properties in Sausalito Shores,	
Please remind family members they may not share the electronic gate code with anyone outside their household. SSHA dues are due in January each year. Some members pay by check, in-person at the Annual Member Meeting (3rd Sunday in January) or at Key Exchange Meetings. We strongly encourage members to pay dues using PayPal on the SSHA website as online payments get processed quickly, allowing us to provide paid members the new electronic gate code by email. Our website is: www.SausalitoShores.com	how many a Do you pa d Rental Address 1 Renter Name: Rental Address 2 Renter Name: Rental Address 3	are rental properties? ay SSHA membership dues for your renters?	
I, the undersigned, and my immediate family members, agree to to indemnify and hold harmless the Sausalito Shores Homeowner injuries to people or damage to property resulting from my or my Shores Homeowners Association. I, and my immediate family mer renter) of a Sausalito Shores home and am eligible for SSHA mem	rs Association from and ag family's use of the comm mbers, agree to abide by a	gainst any and all claims and demands, whether for 10n areas, amenities, and facilities owned by Sausal	

SIGNATURE _____ DATE: ____