



MEMBER STATUS / CORRECTION FORM

Old Information

Activity Coordinator _____
Facility Name _____
Facility Address _____
City/State/Zip _____
Email _____
Facility Phone _____ Home Phone _____

New Information

Activity Coordinator _____
Facility Name _____
Facility Address _____
City/State/Zip _____
Email _____
Facility Phone _____ Home Phone _____

Active Member _____ Supportive Member _____
District _____ Signature _____ Date _____

Please mail completed form to: Mary D. Spikes, ACC, ALF, CDP
FHCACA State Treasurer
P.O. Box 21492
St. Petersburg, FL 33742
Email: marydspikes1@aol.com
Cell: (727) 433-0863
Fax: (727) 289-8202

Comments: _____

