

FLORIDA HEALTH CARE
ACTIVITY COORDINATORS ASSOCIATION

P.O. Box 21492
St. Petersburg, FL 33742



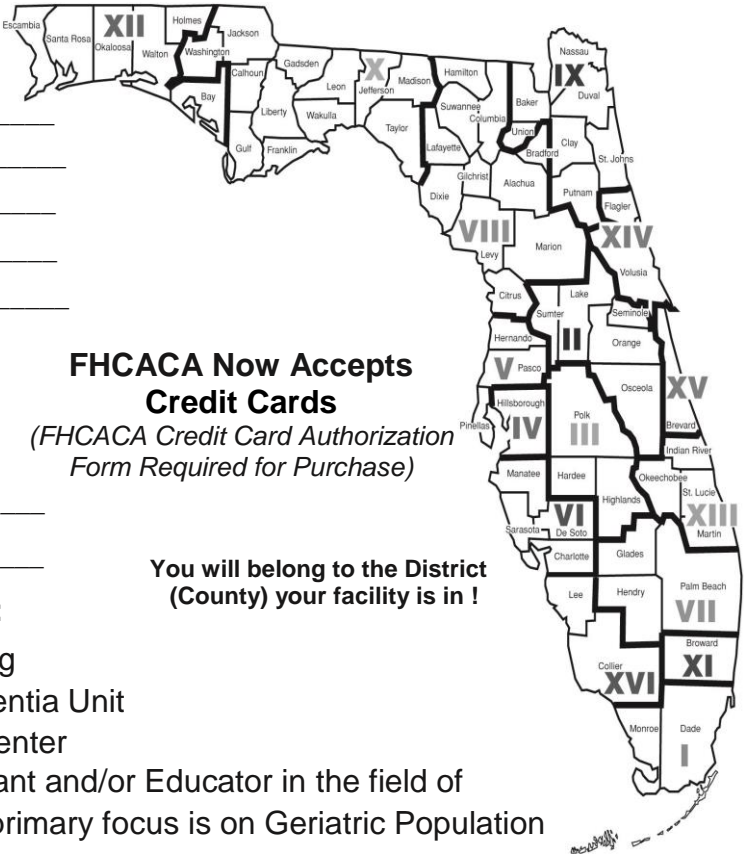
2018 MEMBERSHIP APPLICATION

IMPORTANT: Your Name, your Facility Name (if applicable) and your District Number are needed to activate your membership. If this Membership Form is not completed correctly, your membership status may be delayed.

What District do you live in:

**PLEASE CHECK WHICH TYPE OF MEMBERSHIP APPLIES TO YOU
AND FILL IN THE INFORMATION ASKED FOR BELOW**

Members shall be those individuals that are presently working in the Activity Profession within the Long Term Care field. Each member pays due, votes and is eligible to hold office. FHCACA Membership year runs from January through December and memberships are renewable annually.



Coordinator Name: _____
 Title: _____
 Phone # (office): _____
 Phone # (Home or Cell): _____
 Email Address: _____

- (For the newsletter and association notification)
- Active Member**
 - Supportive Member**

**FHCACA Now Accepts
Credit Cards**
*(FHCACA Credit Card Authorization
Form Required for Purchase)*

Mailing Address – If different from above:

**You will belong to the District
(County) your facility is in !**

- Check work setting (check all that apply):**
- Long Term Care
 - Retirement Home
 - Sub Acute Unit
 - Adult Day Care
 - Senior Center
 - Independent Living
 - Alzheimer’s Dementia Unit
 - Assisted Living Center
 - Activities Consultant and/or Educator in the field of
Activities whose primary focus is on Geriatric Population

MEMBERSHIP DUES

FHCACA State	\$ 80.00
FHCACA District	\$ 20.00
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TOTAL:	\$100.00

MAKE CHECKS PAYABLE TO:

FLORIDA HEALTH CARE ACTIVITY COORDINATORS ASSOCIATION
 MAIL TO: Mary Spikes, FHCACA State Treasurer
 P.O. Box 21492, St. Petersburg, FL 33742
 Office: (727) 392-4645 ~ Fax: (727) 289-8202
 Email: Marydspikes1@aol.com

RETURN ONE COMPLETED COPY WITH PAYMENT BEFORE JANUARY 31