



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: Lorri Christopher, ADC, AP-BC
FHCACA State Treasurer
7923-48th Avenue North
St. Petersburg, FL 33709
or email to: lgamester@aol.com
727.420.4362

Comments: _____

