



2019 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.

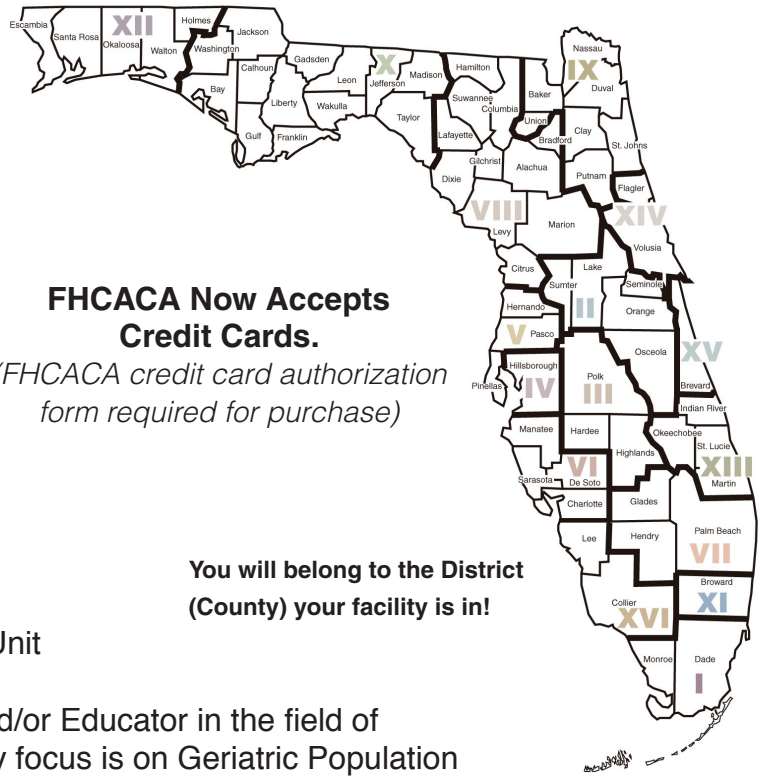
**PLEASE CHECK WHICH TYPE OF MEMBERSHIP APPLIES TO YOU
AND FILL IN THE INFORMATION ASKED FOR BELOW**

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 your newsletter & association notifications)

- Active Member**
- Supportive Member**

Mailing Address – If different from above:



FHCACA Now Accepts Credit Cards.
(FHCACA credit card authorization form required for purchase)

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

Check work setting (check all that apply):

- Long Term Care
- Independent Living
- Retirement Home
- Alzheimer's Dementia Unit
- Sub Acute Unit
- Assisted Living Center
- Adult Day Care
- Activities Consultant and/or Educator in the field of
- Senior Center
- Activities whose primary focus is on Geriatric Population

MEMBERSHIP DUES

FHCACA State	\$ 80.00
FHCACA District	\$ 20.00
<hr/>	
TOTAL:	\$100.00

MAKE CHECKS PAYABLE TO:

FLORIDA HEALTH CARE ACTIVITY COORDINATORS ASSOCIATION
 MAIL TO: Mary Spikes, FHCACA State Treasurer
 PO Box 21492
 St. Petersburg, FL 33742
 Cell 727-392-4645 • Fax 727-289-8202
 Marydspikes1@aol.com