



2022 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 work 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): _____

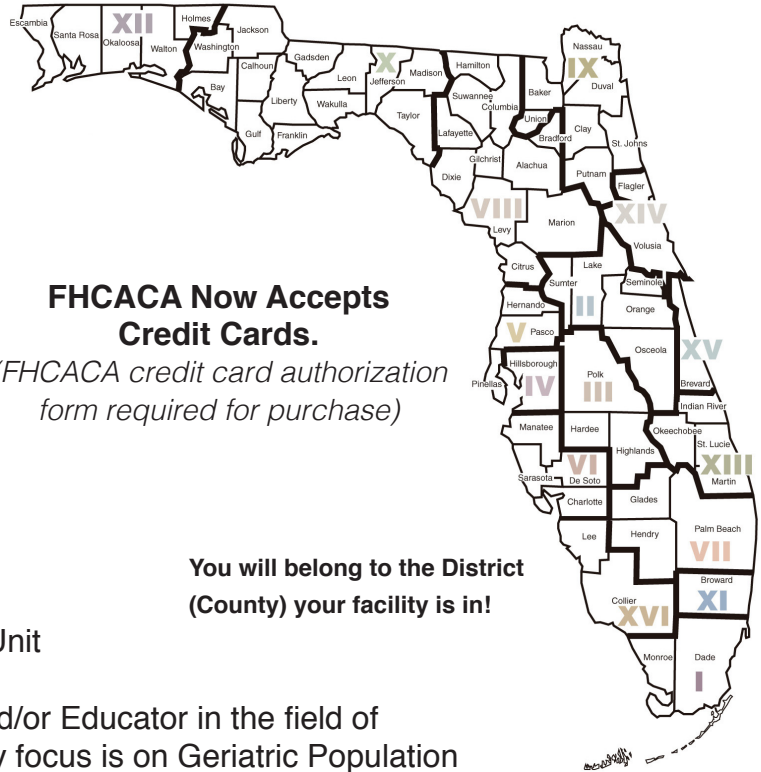
Phone # (Home or Cell): _____

Email Address: _____

(for 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
- 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

TOTAL: \$100.00

MAKE CHECKS PAYABLE TO:

FLORIDA HEALTH CARE ACTIVITY COORDINATORS ASSOCIATION
 MAIL TO: Mary Spikes, FHCACA State Treasurer
 PO Box 4143
 Seminole FL 33775
 Cell 727-392-4645 • Fax 727-289-8202
 Marydspikes1@aol.com

RETURN ONE COMPLETED COPY WITH PAYMENT BEFORE JANUARY 31