



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 4143
Seminole, FL 33775
Email: marydspikes1@aol.com
Cell #: 727.433.0863
Fax #: 727.289.8202

Comments: _____

