FLORIDA HEALTH CARE
ACTIVITY COORDINATORS ASSOCIATION

1320 8th Street
Orange City, FL 32763

2011 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): _____

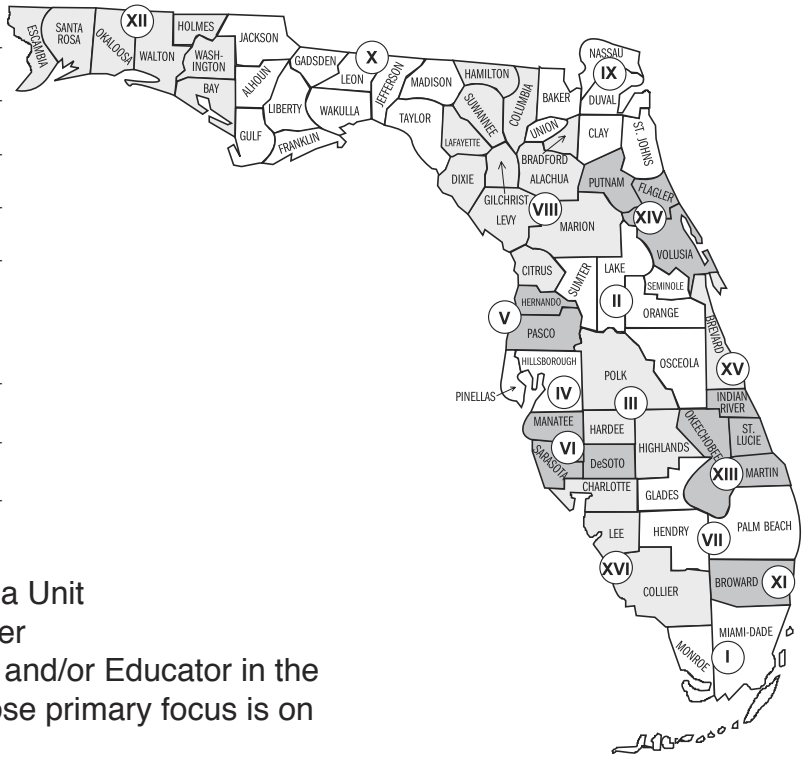
Email Address: _____

Mailing Address – If different from above:

_____

_____

_____



Check work setting (check all that apply):

- ☐ Long Term Care
- ☐ Retirement Home
- ☐ Sub Acute Unit
- ☐ Adult Day Care
- ☐ Senior Center
- ☐ 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: **Marcia Hurn**
FHCACA Treasurer
1320 8th Street
Orange City, FL 32763

RETURN ONE COMPLETED COPY WITH PAYMENT BEFORE JANUARY 31