

FHCACA MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT CLEARLY • Incomplete forms will delay the processing of your application

FIRST NAME _____ MIDDLE _____ LAST _____

HOME ADDRESS / P.O. BOX _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (WITH AREA CODE) _____ HOME FAX (WITH AREA CODE) _____

PERSONAL EMAIL ADDRESS _____

FACILITY NAME _____

FACILITY ADDRESS / P.O. BOX _____

CITY _____ STATE _____ ZIP CODE _____

FACILITY PHONE (WITH AREA CODE) _____ FACILITY FAX (WITH AREA CODE) _____

FACILITY EMAIL ADDRESS _____

WHERE WOULD YOU LIKE YOUR MAIL SENT? (PLEASE CHECK ONE) FACILITY HOME

What County do you work in? _____ What County do you live in? _____

Please check all that apply:

- Long Term Health Care Facility
- Senior Center
- Alzheimer's / Dementia Unit
- Adult Day Service Program
- Senior Retirement Housing
- Sub-Acute Unit
- Assisted / Supervised Living Facility
- Other: _____

Please Check all that apply:

- Activity Director
- Activity Consultant
- Activity Assistant
- Administrator

Length of Experience: Number of Years: _____

- Full Time
- Part Time

What District do you belong to? _____

PLEASE NOTE:

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

Amount Enclosed: Active Member - \$100
 Supportive Member - \$100

Remember to send application with your check!

Please make check or money order payable to:
 FHCACA and mail to:

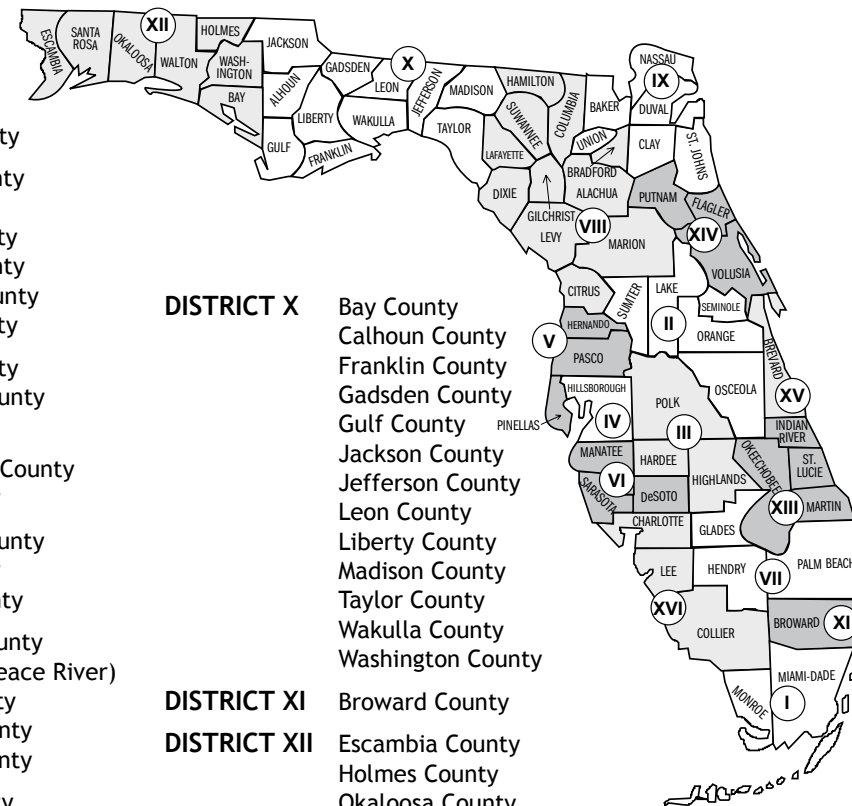
Kenneth Hjortsberg
 FHCACA State Treasurer
 PO Box 510192 • Melbourne, FL 32951
 321.727.0984

FOR FHCACA OFFICE USE ONLY

Date Received: _____ Amount Paid: _____ Check Number: _____

Active Member _____ Supportive Member _____ Facility Check _____ Personal Check _____

DISTRICTS



DISTRICT I Dade County
 Monroe County

DISTRICT II Brevard County
 Lake County
 Orange County
 Osceola County
 Seminole County
 Sumter County

DISTRICT III Hardee County
 Highlands County
 Polk County

DISTRICT IV Hillsborough County
 Pasco County

DISTRICT V Hernando County
 Pasco County
 Pinellas County

DISTRICT VI Charlotte County
 (North of Peace River)
 DeSoto County
 Manatee County
 Sarasota County

DISTRICT VII Glades County
 Hendry County
 Palm Beach County

DISTRICT VIII Alachua County
 Bradford County
 Citrus County
 Columbia County
 Dixie County
 Gilchrist County
 Hamilton County
 Lafayette County
 Levy County
 Marion County
 Suwannee County

DISTRICT IX Baker County
 Clay County
 Duval County
 Nassau County
 Putnam County
 St. Johns County
 Union County

DISTRICT X Bay County
 Calhoun County
 Franklin County
 Gadsden County
 Gulf County
 Jackson County
 Jefferson County
 Leon County
 Liberty County
 Madison County
 Taylor County
 Wakulla County
 Washington County

DISTRICT XI Broward County

DISTRICT XII Escambia County
 Holmes County
 Okaloosa County
 Santa Rosa County
 Walton County

DISTRICT XIII Indian River County
 Martin County
 Okeechobee County
 St. Lucie County

DISTRICT XIV Flagler County
 Volusia County

DISTRICT XV Brevard County

DISTRICT XVI Charlotte County
 (South of Peace River)
 Lee County
 Collier County

- Payment of dues notifications are mailed in November of each year.
- Dues are paid to the State Treasurer.
- Dues are due by January 31 and become delinquent after March 1.



FLORIDA HEALTH CARE ACTIVITY
COORDINATORS ASSOCIATION
Kenneth Hjortsberg
FHCACA State Treasurer
PO Box 510192
Melbourne, FL 32951
321.727.0984

Return service requested



MISSION STATEMENT

To provide strong, credible leadership for the collective interests of the long term health care providers of Florida, by becoming and remaining the Health Care Association most effective at:

- *promoting a healthy, viable industry to ensure quality health care;*
- *linking recipient, provider and government; and*
- *providing services to members critical to sustain a growing complex industry.*

To promote principals and programs designed to enhance the quality of life through activities for residents in:

- *Florida Long Term Care facilities,*
- *Florida Retirement Housing,*
- *Florida Adult Day Care Services,*
- *Florida Assisted Living Senior centers and other related settings.*



PURPOSE

1. To promote principles and programs designed to enhance the quality of life through activity services for residents in Florida Long-Term Health Care facilities, Retirement Housing, Adult Day Care Services, Assisted Living, Senior Centers, and other related settings.
2. To encourage, support and promote programs of continuing education and training for the members by hosting an Annual Conference and other Educational Seminars on both a State and District level.
3. To establish and promote high fundamental principles for efficient and kindly care of residents in licensed nursing homes and related facilities.
4. To establish and maintain active liaison with other health oriented professional groups.
5. To provide assistance with and promote national certification of activity professionals, through the National Certification Council of Activity Professionals (NCCAP), as a qualifier for activity practice in Florida.
6. To participate in Legislative advocacy at Local, State and National levels both for the Association and the residents we serve.
7. To provide the opportunity to exchange ideas with other activity professionals and educators to upgrade resident care by using the therapeutic tool of recreation.

You do not have to be Nationally Certified to be a FHCACA member!

Certification is not a criteria to become a FHCACA member.

OUR GOAL: To better serve the needs of the residents in Health Care Facilities

BENEFITS & MEMBERSHIP

BENEFITS

- Membership in State & District Association (most Districts hold regular meetings with networking, fellowship and free education).
- Certificate of Membership
- Copy of By-Laws
- Quarterly FHCACA Newsline
- Right to Vote and Hold Office (Active only)
- Right to Serve on a Committee
- Legislative Updates & Informational Mailings

MEMBERSHIP

Membership shall be open to individuals employed in, individuals or groups interested in, or supportive of, the provision of activity services for primarily geriatric populations, which may include populations with special needs who receive services in a predominantly geriatric setting.

ACTIVE: An active member, in good standing, shall have full voting privileges and the right to hold office and serve on committees. Each member shall have (1) one vote. There shall be no voting by proxy.

- Individuals currently employed in providing activity services in a predominantly geriatric settings such as, long term health care facilities, retirement housing, adult day services, assisted living, senior centers and other related settings.
- Individuals currently employed as Activity Consultants, Educators or Administrators/Managers in the field of Activities.

SUPPORTIVE: A supportive membership is open to those organizations, agencies, health care associations, service providers, allied professional groups, and/or other groups interested in or being supportive of the activity profession. This is a non-voting, non-serving membership category.