



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: FHCACA News-Line Editor
Lorri Christopher
7923 – 48th Avenue North
St. Petersburg, FL 33709
(727)420-4362
lgamester@aol.com

Comments: _____

