

PALM HARBOR COMMUNITY
ACTIVITY CENTER
MEMBERSHIP FORM

___ Individual membership \$30.00

___ Family membership \$40.00
New___ Renewal___

Name _____

Additional names _____

Address _____

City, State, Zip _____

Phone () _____

Email _____

Please make checks payable to:

PHCSA
1500 16th Street
Palm Harbor, FL 34683
(727)771-6000

\$25.00 fee for returned checks

This section is for office use only

Amount attached

Cash\$ _____

Check\$ _____ Check # _____

Date _____ Taken By _____

Membership record

Membership card

Membership list –computer