

PALM HARBOR COMMUNITY
ACTIVITY CENTER
MEMBERSHIP FORM

___ Individual membership \$35.00

___ Family membership \$50.00
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