



## SOUTHEAST FLORIDA MEMBERSHIP APPLICATION

Member Name \_\_\_\_\_

### Officers

Name of Spouse \_\_\_\_\_

#### Unit Leader

**Dr. Lois Turetzky**

**Florida Residence Address** \_\_\_\_\_

#### Assistant Unit Leader

**Mark Jacoby**

City \_\_\_\_\_ Zip \_\_\_\_\_

#### Secretary

**Sharon Shlakman**

Name of Community \_\_\_\_\_ When Here \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

#### Treasurer

**Elizabeth A. Moss**

Alternate Address \_\_\_\_\_

### Board of Directors

City \_\_\_\_\_ Zip \_\_\_\_\_

#### Dr. Marilyn Funes

*Membership*

Phone (\_\_\_\_) \_\_\_\_\_ When Here \_\_\_\_\_

#### Lenore Kay

*Newsletter Editor*

Date of Retirement \_\_\_\_\_ Position(s) Held \_\_\_\_\_

#### Albert Levy

*Historian*

Location \_\_\_\_\_ Borough \_\_\_\_\_

#### Eleanor Pessa

#### Ronnie Solow

#### Bernice Wolodarsky

#### Dr. Melvin Zimmerman

### EMERGENCY CONTACT PERSON:

\_\_\_\_\_ Phone \_\_\_\_\_

#### Norman Sherman

**CSA Liaison for Florida**

**and Outreach**

**Coordinator**

**Please remit this Membership form for 2023-2024 along with your check for \$15.00 made out to: CSA of Southeast Florida and mail to:**

#### Presidents Emeritae

**Gloria Malden Kaplan**

**Rose Bennett**

*In Memoriam*

Dr. Marilyn Funes, Membership Coordinator

8058 Rossini Way

Lake Worth, FL 33467-7093

For Outreach Assistance and Health Benefits Information, please contact Liaison Norman Sherman at 561-638-6439.

PLEASE CHECK THIS BOX IF YOU HAVE REACHED OR WILL REACH YOUR 90<sup>TH</sup> BIRTHDAY BY THE END OF THIS MEMBERSHIP YEAR.