

**Officers**

**Unit Leader**

**Dr. Lois Turetzky**

**Assistant Unit Leader**

**Mark Jacoby**

**Secretary**

**Sharon Shlakman**

**Treasurer**

**Elizabeth A. Moss**

**Board of Directors**

**Dr. Marilyn Funes**

 ***L*enore Kay**

 ***Newsletter Editor***

**Albert Levy**

 ***Historian***

**Eleanor Pesso**

**Ronnie Solow**

**Ted Solow**

**Dr. Melvin Zimmerman**

**Norman Sherman**

**CSA Liaison for Florida**

**and Outreach Coordinator**

**Presidents Emeritae**

**Gloria Malden Kaplan**

**Rose Bennett**

***In Memoriam***

**SOUTHEAST FLORIDA MEMBERSHIP APPLICATION**

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

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

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

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

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

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

Alternate Address

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

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

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

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

**EMERGENCY CONTACT PERSON:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**

**Please remit this Membership form for 2024-2025** **along with your check for $15.00 made out to: CSA of Southeast Florida and mail to:**

Dr. Lois Turetzky, Unit Leader

8749 Arbor Walk Drive

Lake Worth, FL 33467

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 90TH BIRTHDAY BY THE END OF THIS MEMBERSHIP YEAR.