

MEMBERSHIP APPLICATION

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(One person per application)

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Date	Date
Name	Name
Address	Address
City PC	City PC
Phone #:	Phone #:
E-mail:	E-mail:
Birth Date: / / Sex: □ Male □ Female	Birth Date: / / Sex: □ Male □ Female
How did you hear about us?	How did you hear about us?
☐ Family Member/Friend ☐ Newspaper Ad ☐ Other	☐ Family Member/Friend ☐ Newspaper Ad ☐ Other
☐ I would like to be contacted regarding Prepaid Funerals	☐ I would like to be contacted regarding Prepaid Funerals
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There is a one time membership fee of \$20 per person payable by cash or cheque. There is no GST on the membership fee. Please enclose your cheque or money order and mail to: