

**Funeral Consumers Alliance of SW Florida, Inc.**  
**P.O. Box 7756**  
**Ft. Myers, FL 33911-7756**

Date \_\_\_\_\_

I desire to become a member of the Funeral Consumers Alliance of Southwest Florida. Please send me \_\_\_\_\_ sets of forms on which the desired funeral arrangements may be listed. I understand that for each individual member of my family in my household separate planning forms must be completed. Enclosed is my family membership of \$35.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Additional family members at the same address \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please send a membership brochure to: \_\_\_\_\_

Please send me \_\_\_\_\_ additional brochures to share with others.

Spread the word! If you would like to have a speaker for one of your civic or church groups, please call us at 239-573-0507.

**Volunteer!**

Our group depends on members helping each other. If you have some time and interest, please let us know. Yes, I would like to help with:

- |                        |                      |                |
|------------------------|----------------------|----------------|
| ' serving on the board | ' speakers bureau    | ' newsletter   |
| ' funeral price survey | ' membership records | ' as treasurer |
| ' legal consultant     |                      |                |