

**Funeral Consumers Alliance of Sarasota-Manatee, Inc**  
**P.O. Box 15833**  
**Sarasota, FL 34277**  
**941-953-3740**

I wish to become a new member of the Funeral Consumers Alliance of Sarasota-Manatee, Inc.  
Suggested membership donation is \$40 per member.

I wish to transfer my membership from \_\_\_\_\_.  
(fill in name of organization you currently belong to)

Suggested transfer donation is \$10 per member.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Please send \_\_\_\_\_ brochures for myself and to share with others.

**PRINT THIS APPLICATION AND MAIL IT TO THE ADDRESS ABOVE. A FUNERAL PLANNING  
FORM WILL BE MAILED TO YOU.**