

FUNERAL CONSUMERS' ASSOCIATION OF HOUSTON, TEXAS
MEMBERSHIP APPLICATION

Date _____

I/We hereby apply for membership in the Funeral Consumers Alliance of Houston, Texas, and enclose the suggested membership donation in the amount of:

- \$25.00 - individual lifetime membership
- \$50.00 – family lifetime membership [living at one address]

Membership entitles me/us to notice of meetings and to the other provisions of the Bylaws of our organization. [You will be sent a packet of info.]

Name _____
(If family membership, add names of additional adult family members)

Street address _____

City, State & Zip _____

Phone _____

Email _____

Mail this application and membership contribution to:

Funeral Consumers Alliance of Houston
1504 Wirt Road
Houston, TX 77055

I am willing to volunteer for the following:

- ___ On the price survey committee
- ___ Speakers' bureau
- ___ Help with newsletter

Local phone 713.526.4267 Toll-free 888.282.4267

If no response, or in case of emergency 713.301.8566 or 713.869.1076