

Funeral Consumers Alliance of Humboldt

P O Box 856 • Arcata CA 95518 • 707.822.8599 • fcaofhum@reninet.com • www.funerals.org\Humboldt

Membership in the Funeral Consumers Alliance of Humboldt entitles you to the contracted membership rate for itemized services at a local mortuary. An agreement is negotiated every three years by the Board of Directors of the FCA. For a copy of the current contract please contact us. Because our members receive discounted services as a benefit of membership, voluntary donations to the FCA of Humboldt are not tax-deductible.

Members of the FCA of Humboldt meet annually and each member is awarded one vote. The membership elects directors to serve on the Board of Directors for 3-year terms.

The FCA of Humboldt is a 501(c) 4, nonprofit corporation. Operating expenses for this organization come primarily from membership fees and voluntary donations. Because of this limited income, expenses are kept to a minimum. This is an all volunteer organization.

Membership Application

This application may be used by an individual or family. For the purposes of this application, "family" refers to Head of Household, Domestic Partner/Spouse and any minor children. The *suggested* fee is \$20 per individual 18 years of age & over. There is no fee for members under 18. When a minor member reaches 18 years old he/she will need to apply as an individual adult.

Members to be included with this application:

Name(s) of adult applicant(s). Check box to indicate if member is under Hospice Care.

Hospice patient

_____	<input type="checkbox"/>	@ \$20 _____
_____	<input type="checkbox"/>	@ \$20 _____
_____	<input type="checkbox"/>	@ \$20 _____

Name(s) of dependent children (under 18)

Date of Birth [MM/DD/YY]

_____	_____
_____	_____
_____	_____

Voluntary, non-tax-deductible donation \$ _____

Materials (see order form on back) _____

Total enclosed \$ _____

Make check payable to: FCA of Humboldt

NO ONE WILL BE DENIED MEMBERSHIP DUE TO INABILITY TO PAY.

Note: This application is for a lifetime membership and may be transferrable to other FCA affiliates throughout the U.S.. If you leave our area please contact us so that we may refer you to an affiliate in your new locale.

Continued on Side Two. Please complete both sides of this application.

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Mailing address:

P O Box or street address	City/State	Zip
Phone	Email	

Optional:
How did you first learn about the FCA?

The following materials are available from our affiliate.	QTY	Sub-total
<i>What You Should Know Before I Go</i> A complete packet for pre-planning end of life decisions.	_____	@ \$10. ⁰⁰ /each _____
<u>Brochures</u>		
What shall we do with the ashes?	_____	@ \$0.25/ea _____
Death in one state, burial in another	_____	@ \$0.25/ea _____
Earth Burial	_____	@ \$0.25/ea _____
Cremation Explained	_____	@ \$0.25/ea _____
Organ & Body Donation	_____	@ \$0.25/ea _____
Eco-friendly death & funeral choices	_____	@ \$0.25/ea _____
What you should know about embalming	_____	@ \$0.25/ea _____
How to read a general price list	_____	@ \$0.25/ea _____
How to help grieving people	_____	@ \$0.25/ea _____
Beat the high cost of funerals	_____	@ \$0.25/ea _____
No one wants to talk about death	_____	@ \$0.25/ea _____
Pre-paying for your funeral: benefits & dangers	_____	@ \$0.25/ea _____
Recycling your medical devices	_____	@ \$0.25/ea _____
Viewing & Visitation: the difference	_____	@ \$0.25/ea _____
	Total materials	_____

For office use only:

Date received _____ Amount recd _____ Cash _____ Check # _____ Initial _____
 Date of deposit _____ Initial _____
 Date Packet II mailed _____ Initial _____
 Date Data Entry membership database _____ Initial _____