

# FCA-KC Funeral Consumers Alliance of Kern County

P. O. Box 1202  
Bakersfield, CA 93302-1202  
www.funerals.org/affiliates/kern

## MEMBERSHIP APPLICATION

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**APPLICANT 1 - Please Print Clearly**

Name (First, Middle, Last) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

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

Social Security Number (optional) \_\_\_\_\_ Date of Birth (required) \_\_\_\_\_

Name of Spouse or Partner \_\_\_\_\_

**DATED:**

**SIGNED:**

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**APPLICANT 2 - Please Print Clearly**

Name (First, Middle, Last) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

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

Social Security Number (optional) \_\_\_\_\_ Date of Birth (required) \_\_\_\_\_

Name of Spouse or Partner \_\_\_\_\_

**DATED:**

**SIGNED:**

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**Check the boxes of those items that you would like to receive:**

- Fact Sheet
- Current Mortuary Price List.
- Wallet-size membership card: *(If checked, please send a self-addressed stamped envelope.)*

**Also,**

- Check this box if all membership fees were paid in advance.
- Check this box if you wish to receive the FCA-KC newsletter by e-mail to save mailing costs.

**Please send this Membership Application with a check for \$30.00 for each new lifetime membership to:**

*Funeral Consumers Alliance of Kern County  
Post Office Box 1202  
Bakersfield, CA 93302-1202*