

THE FUNERAL CONSUMER SOCIETY OF COLORADO MEMBERSHIP APPLICATION

Names of Adult Applicants: _____

Please check appropriate box: I am a current (_____) new (_____) member
(New members will receive our 60-page Handbook of Information for Families and Survivors.)

Street Address: _____

City, State, Zip: _____

Eligible Dependents (List Name and Year of Birth): _____
(Dependent minors listed on your federal income tax
form are considered family members at no extra charge.) _____

Phone number: _____ E-mail: _____

How did you hear about the Society? _____

Your additional contributions and support help ensure that others including your
survivors, will have a consumer advocate in funeral planning for years to come.

I would like to make a donation to the Society in the amount of: \$ _____

Number of adult applicants _____ X \$10.00 Total amount enclosed: \$ _____

Make your check payable to FCSC and mail to:

**THE FUNERAL CONSUMER SOCIETY OF COLORADO
P.O. Box 4743
Greenwood Village, Colorado 80155**

Please send an FCSC information brochure and application to: _____