

FUNERAL CONSUMERS ALLIANCE OF HUMBOLDT

P O Box 856 • Arcata CA 95518 • 707-822-8599 • fcahumboldt@gmail.com • fcahumboldt.org

The Funeral Consumers Alliance of Humboldt (FCA) is a non-denominational, nonprofit, 501(c)(3) consumer education organization. FCA's purpose is to educate its members and the general public about State and Federal funeral regulations, and to assist in providing access to simple, dignified and economical funeral and mortuary services.

Members of FCA 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.

Operating expenses for this organization come primarily from membership fees and donations which are tax-deductible. 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 a family. For the purposes of this application, "family" refers to Head of Household, Spouse/Domestic Partner and any minor children. The *suggested* membership fee is \$25 per individual 18 years of age and over. There is no fee for members under age 18. When a minor member reaches 18 years of age he/she will need to apply as an individual adult.

Please check box to indicate if member is under hospice care.

Name(s) of adult applicant(s)	Hospice Patient	Date of Birth	
	<input type="checkbox"/>		@ \$25 _____
	<input type="checkbox"/>		@ \$25 _____
	<input type="checkbox"/>		@ \$25 _____
Names of dependent children (under age 18)			
	<input type="checkbox"/>		0
	<input type="checkbox"/>		0
	<input type="checkbox"/>		0
Voluntary, tax-deductible donation			\$
Material Order (from other side)			\$
Total amount enclosed			\$

Make check payable to: **FCA of Humboldt** and mail to P.O. Box 856, Arcata CA 95518

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

Note: This application is for a lifetime membership and may be transferable 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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Primary Member's Name: _____

Mailing address:

_____ PO Box or street address

_____ City and State

_____ ZIP Code

_____ Email

_____ Phone

Optional: How did you first learn about the Funeral Consumer's Alliance of Humboldt?

The following materials are available from our affiliate.	QTY		Sub-total
<i>Before I Go You Should Know</i> A complete packet for preplanning end-of-life decisions.		@ \$15.00 each	
<u>Brochures</u> (additional titles available)			
Green Burial		@ \$0.25 each	
Don't Get Buried in Debt		@ \$0.25 each	
Veterans Burial Benefits		@ \$0.25 each	
Death Away from Home		@ \$0.25 each	
Embalming Explained		@ \$0.25 each	
What Shall We Do with the Ashes?		@ \$0.25 each	
Ten Tips for Saving Funeral Dollars		@ \$0.25 each	
Should You Prepay for Your Funeral?		@ \$0.25 each	
How to Read a Funeral Home's Price List		@ \$0.25 each	
How to Plan a Memorial Service		@ \$0.25 each	
Did You Forget the Most Important Part of Funeral Planning?		@ \$0.25 each	
Common Funeral Myths		@ \$0.25 each	
Four-Step Funeral Planning		@ \$0.25 each	
Cremation Explained		@ \$0.25 each	
		Total materials	

For office use only:

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Date received _____ Amount received _____ Cash _____ Check # _____ Initial _____

Date of deposit _____ Initial _____

Date Packet II mailed _____ Initial _____

Date entered into Membership Database _____ Initial _____

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