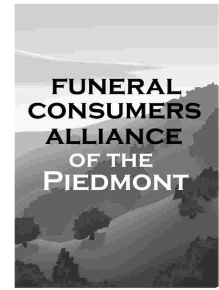


I want to transfer to FCA of the Piedmont.



Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone number/s: () _____ () _____

Email: _____

I prefer to be contacted by: Mail Phone Email

In transferring, I affirm that neither I nor any member of my household works for or has a direct stake as employee or owner in any commercial firm whose primary function is offering funeral related goods or services.

Signature

Date

Names of other household members, if any, to be included with your membership at no extra cost:

Please tell us about you:

What are your interests? (Check all that apply.)

- Saving money on the cost of funeral, cremation or other disposition expenses
- Planning for my own burial, cremation or other disposition
- Planning for a family member's disposition
- Helping others learn about plans for their burial, cremation or other disposition
- Learning about whole body, organ and tissue donations
- Learning how a family can legally care for their own loved one's body until burial or cremation
- Advocating for consumer's rights with regard to final dispositions
- Learning about advance directives (e.g., power of attorney for healthcare decisions, declaration of a desire for a natural death, and do-not-resuscitate orders)
- Helping others learn about advance directives
- Other:

How can you help our chapter?

- As needed and as I am able
- Membership – recruiting, welcoming and involving new members
- Development – fund-raising and grant writing
- Education – Making presentations to community and church groups about funeral planning and options
- Advocacy – Promoting funeral consumer interests with the public
- Events and programs – hospitality, arrangements, registration
- Surveys – Collecting and analyzing general price lists from area funeral providers
- Excel – creating spreadsheets and charts; maintaining membership records
- Newsletter writing and production
- Website development and maintenance
- Chapter leadership and/or board involvement

What is or was your occupational background? _____

Are you a member or regular participant in any local organizations for which you might serve as an information source on funeral planning and related topics? (Examples: churches, synagogues, civic groups, fraternal organizations)

Please complete page two of this form also.

Send completed application to FCA of the Piedmont, PO Box 14214, Greensboro NC 27415-4214

FOR MEMBERSHIP USE ONLY: Application rec'd _____ Welcome binder sent _____ Treasurer notified _____

I want to donate to FCA of the Piedmont.

We request a \$25 donation to join. If you can give more, that would be great! If you cannot give \$25, it is OK to give less, or even nothing at all. Our aim is to be an affordable resource for all. We are a 501(c)(3) charitable educational organization; donations are tax deductible to the full extent allowed by law. Contributions will be spent at the chapter's discretion for education, information gathering, advance planning and advocacy consistent with our exempt purposes.

I can give: \$25 \$50 \$100 Other \$ _____ I cannot donate at this time.

*Please make your check or money order payable to **FCA of the Piedmont**, enclose it with this membership form and mail to **FCAP, PO Box 14214, Greensboro, NC 27415-4214***

Thank you for your membership and your support of our alliance!

FOR TREASURER USE ONLY:

Donor name and address: _____

Donation received on _____ Amount: _____ Check # _____

Added to roster _____ Application forwarded to Membership _____ Roster updated to show binder was sent _____