



BAY AREA FUNERAL CONSUMERS ASSOCIATION
 PO Box 60448, Palo Alto, Ca 94306
 650-321-2109 Fax 650-561-8518
office@ba-fca.org

Membership Application

Complete this form and mail to the above address with your payment

New Membership Gift Membership

Transfer from another chapter

Office Use _____

APPLICANT (Member) INFORMATION

First Name _____ Middle _____ Last _____ birthdate (mm/dd/yyyy)
 Applicant

First Name _____ Middle _____ Last _____ birthdate (mm/dd/yyyy)
 2nd applicant at same address

Street Address 1 _____

City _____ State _____ Zip _____

Phone 1 _____ Phone 2 _____

Email _____

Send Newsletter Via

Email ONLY

Postal mail

Both

None

Contact me via:

Email

Postal Mail

Phone

Next of Kin

None

NEXT of KIN / Giver

Name of Next of Kin (NOK) _____ Relationship _____ NOK Phone _____

NOK Street Address _____ City _____ State _____ Zip _____

NOK email _____

PAYMENT Membership fees are not refundable

New Member (at \$50 per individual for _____ members)

Transfer membership (at \$25 each for _____ members)

Before I Go booklet with planning materials and Advance Health Care Directive (\$15 each)

\$ _____ Additional donation to BA-FCA (enter amount)

\$ _____ TOTAL AMOUNT

I will send a check for the full amount to the above address

Visa/Master Card _____
 Account Number _____ Expiration _____ 3-digit code on back of card

Signature _____