

**Funeral Consumers Alliance of Central Ohio
Mail-in Membership Application**

Funeral Consumers Alliance of Central Ohio welcomes you. Submit this form and \$50.00 for each adult membership to FCACO, PO Box 14835, Columbus OH 43214, and FCACO will send membership materials for each person listed. Membership is complete when you send your completed Pre-Arrangement Form to the funeral home. You are urged to do this promptly. Note, FCACO does not share our membership list outside of the FCA network.

Please print legibly. For more than two memberships, write on the side or back of this sheet.

Name: _____

Address: _____

Phone: _____ email: _____

2nd Name: _____

Address: _____

Phone: _____ email: _____

Dependent children (to age 18) are included in an adult membership. Please list each name and date of birth: _____

Please send a gift membership (enclose \$50 for each)

to: _____

Please mail a copy of the FCACO Membership Brochure

to: _____

How did you find out about FCACO? _____

If you would like to invite an FCACO speaker to make a presentation to your group, church or other organization, call us at 614-263-4632.

Total enclosed: \$ _____

(Hardship memberships are available. Please call the office for information at 614-263-4632.)