

**Funeral Consumers Alliance of Greater Milwaukee, Inc.**  
**13001 W. North Ave.**  
(mailing only no office hours)  
**Brookfield, WI 53005**

## **Membership Application**

- Please enroll me in the **Funeral Consumers Alliance** and send me the planning forms and member identification card.
- Lifetime membership is **\$25** for one person, **\$40** for two or more persons at the same address.
- Enclosed is an additional \$\_\_\_\_\_ **contribution** to help support the Alliance.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Additional members at same address \_\_\_\_\_

\_\_\_\_\_

How did you find out about the FCA? \_\_\_\_\_

- Please mail a copy of the FCA brochure to: \_\_\_\_\_

\_\_\_\_\_

Please send me \_\_\_\_\_ additional membership brochures to share with others.