



Print and complete this FCGS Membership Application Form.

Yes, I wish to have a membership in the Funeral Consumer Guardian Society.

I hereby designate and appoint the Secretary of the FCGS in office at any particular time and from time to time as my proxy and my agent and attorney-in-fact to receive all notices of meetings of the members of the Association, to attend and vote on my behalf at any and all meetings of the members of Association, to execute consents and to otherwise act for me in the same manner and with the same effect as if I were personally present. I authorize my proxy to substitute any other person to act under this proxy, to revoke any substitution, and to file this proxy and any substitution or revocation with the Association. I understand that this proxy is a voluntary designated appointment and that I have a right to receive all notices of meetings of members and to attend such meetings and vote thereat. In such event, I will notify the Secretary of the Association of my desires in this respect.

Signature X \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

MEMBERSHIP INFORMATION

Name \_\_\_\_\_  Male  Female Birth Date \_\_\_/\_\_\_/\_\_\_

Spouse's Name \_\_\_\_\_  Male  Female Birth Date \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

CHOOSE ONE

Single Membership

- \$5.95 a month (credit card or EZ-Pay)
 \$65 a year (credit card or EZ-Pay)
 \$299 single payment (credit card or check)

Couple Membership

- \$7.95 a month (credit card or EZ-Pay)
 \$85 a year (credit card or EZ-Pay)
 \$399 single payment (credit card or check)

BILLING INFORMATION  Billing information is the same as Membership Information.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

METHOD OF PAYMENT (Choose one)

- Credit Card  Visa  MasterCard

Acct# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

I authorize the Funeral Consumer Guardian Society to bill my credit card account for the amount due as indicated above.

Signature X \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Check (single payment plan only) made out to FCGS and enclosed with this form.

E-Z PAY (monthly or annual payments only): I authorize the Funeral Consumer Guardian Society to collect future payments for my membership by electronic or other means from the account identified by my enclosed check for my first payment. Either FCGS or I can cancel this authorization at any time by notifying the other party in writing.

Signature X \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_