

The Funeral Advisory and Memorial Society

Unbiased Advice and Consumer Advocacy on Funeral Planning

Application for Membership

Date: _____

(Please print.)

Name	Additional Members*	
Street Address	City	Province
Postal Code :		
Phone Number	Email	
Select a membership type*		
<input type="checkbox"/> Single membership - \$40		
<input type="checkbox"/> Any other family member, 18 and over, who lives at the same address - \$35		
<input type="checkbox"/> Persons of limited means (please contact us for clarification) - \$15		
*Rate for second and subsequent adult members living at the same address is \$35 each.		
Would you like to send us a donation? How much? \$ _____		
Total Amount of cheque \$ _____		

Please complete this membership form and mail it with your cheque to:

The Funeral Advisory and Memorial Society
PO Box 65 STN F Toronto, ON M4Y 2L4

Copy of our Privacy Policy is available in print or online at www.fams.ca
Please allow two weeks for delivery of your membership package.