

Funeral Consumers Alliance of the Finger Lakes

Enrollment Form

Name (please print) _____

Address _____

City, State, Zip+4 _____

Telephone _____

Email _____

I would like information about:

- | | |
|--|---|
| <input type="checkbox"/> Funeral planning | <input type="checkbox"/> Green burial |
| <input type="checkbox"/> Funeral costs | <input type="checkbox"/> Organ donation |
| <input type="checkbox"/> Pre-payment pros and cons | <input type="checkbox"/> Body donation to medical science |
| <input type="checkbox"/> Cemetery costs | <input type="checkbox"/> Death away from home |
| <input type="checkbox"/> Cremation | <input type="checkbox"/> Planning a memorial service |
| <input type="checkbox"/> Burial | <input type="checkbox"/> Other _____ |

I would be willing to assist with:

- | | |
|---|--|
| <input type="checkbox"/> Funeral planning presentations | <input type="checkbox"/> Member mailings |
| <input type="checkbox"/> The Newsletter | <input type="checkbox"/> Website maintenance |
| <input type="checkbox"/> Contacting legislators about funeral consumer issues | |
| <input type="checkbox"/> Other _____ | |

I learned about the Alliance from _____

Please send _____ FCAFL brochures for me to distribute.

Print this form and mail to

Funeral Consumers Alliance of the Finger Lakes
P.O. Box 134
Ithaca, NY 14851

Donation enclosed: \$30 Other _____

Although membership is free, donations are requested from those who can afford them. The Alliance has no other source of income. A donation of \$30 per member is suggested.