

Funeral Consumers Alliance of Western Massachusetts
Application Form

I am/We are in general agreement with the purposes of the FUNERAL CONSUMERS ALLIANCE OF WESTERN MASSACHUSETTS, INC., and want to support it by enclosing a donation of twenty dollars (\$20.00) or more to help cover its expenses. Thank you. *Please note: because we do not have 501(c)(3) status, donations are not generally tax deductible.*

Make check payable to FCAWM and mail to
FCAWM, P. O. Box 994, Greenfield, MA 01302-0994

Please Print

Name(s): _____

Address: _____

City: _____ State _____ Zip: _____

E mail _____

Phone Number: _____

Current (or Former) Occupation: _____

Date: _____

You will receive:

1. Our end-of-life planning kit*, which includes
 - "Before I Go, You Should Know..." a 16-page fill-in-the-blanks booklet (illustrated by Edward Gorey);
 - Health Care Proxy and Living Will forms;
 - Directory of funeral consumer groups across the U.S.;
 - "Death Away From Home"; and
 - a freezer pouch (suitable for dropping into your suitcase when you travel) and refrigerator magnet.
2. Our newsletter (Annual Meeting edition in the Fall; sometimes a Spring edition as well)
3. An invitation to, and the right to vote at, our annual meetings (usually held in October)
4. Our funeral home price survey
5. Access to information and support from this organization; and
6. The knowledge that they in turn are helping to support the only national organization dedicated to educating consumers about their end-of-life choices and protecting their right to choose arrangements that are meaningful, dignified and affordable.
7. Other brochures are also free with your membership... see separate BROCHURES ORDER FORM

*Note: Additional end-of-life planning kits are available to members (a \$7.50 donation is requested for each). For non-members we request a \$10.00 donation for each kit. The donation includes postage.