

Funeral Consumers Alliance of Western Massachusetts

www.FuneralConsumersWMass.org

(413) 376-4747

Membership Form

Name:

Mailing Address:

Telephone:

E-mail Address:

___ **Please enroll me in FCAWM** and send me the “Before I Go, You Should Know” Planning booklet and membership packet.

___ I am enclosing the suggested membership donation of \$30.

___ I am a person of limited means, and enclose a membership donation of \$_____.

Newsletter preference: I wish to receive the newsletter ___ electronically *or* ___ print.
The newsletter is published twice a year, usually spring and fall.

___ **Please send _____ additional “Before I Go” Planning booklet(s).** I enclose an additional donation (\$15 to cover costs) for each 30-page, spiral-bound booklet.

___ **I enclose an additional contribution** of \$_____ in support of FCAWM’s mission:
To promote and protect a consumer's right to choose meaningful, dignified, and affordable final arrangements.

___ **Please send me information on the following topic(s):**

Note: brochures on these and other topics may also be downloaded from the national FCA website, www.funerals.org

- ___ Funeral planning
- ___ Prepaying - benefits and dangers
- ___ Cremation
- ___ Organ and body donation
- ___ Green burial
- ___ Other:

___ **I’d like to help.** Please contact me about volunteer opportunities.

Thank you! Please make your check or money order payable to FCAWM and mail with this form to

Funeral Consumers Alliance of Western Mass

P. O. Box 994

Greenfield, MA 01302-0994