

FUNERAL CONSUMERS ALLIANCE OF PRINCETON, INC.

MEMBERSHIP APPLICATION FORM

- I enclose \$25 as payment in full for an individual membership (\$10 for each additional household member)
- I enclose \$_____ as payment in full for a person of limited means
- I enclose \$_____ as a fully tax deductible donation

Please make check payable to: The Funeral Consumers Alliance of Princeton, Inc.

Mail to: 50 Cherry Hill Road, Princeton, New Jersey 08540

Names: (1) _____ (2) _____

Address: _____ E-mail _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

How did you hear about us? _____