

Membership Application

FUNERAL CONSUMERS ALLIANCE OF STANISLAUS/MERCED COUNTIES

**P.O. BOX 4252
Modesto, CA 95352
(209) 521-7690**

Website: www.fcasmc.org Email: support@fcasmc.org

Please complete and return a form for each individual member. Type or print with a ballpoint pen and make a copy for your records as well as all family members or friends who should have this information. Please make sure all sections of this form are completed before sending it along with your lifetime membership fee to our address shown above. Thank you.

Section 1: MEMBERSHIP APPLICATION AND MEMBER INFORMATION

Member's

Legal

Name: _____ Address: _____
(Last) (First) (Middle Initial)

Date of Birth: _____ / _____ / _____

Email

Address:

Spouse's Name: _____

Address 1: _____

Address 2: _____

City: _____ St: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Spouse's Cell Phone: (____) _____

Next of Kin: _____

Next of Kin's Cell Phone: (____) _____

Changes in address or telephone number

Please make your check payable to: **FCA of Stanislaus/Merced** and send it to:

**FCASMC
P.O. Box 4252
Modesto, CA 95352**

I want to become a member of the Funeral Consumers Alliance of Stanislaus/Merced Counties (“FCASMC”) and have enclosed my check for \$_____ to become a supporting member of the FCASMC.
(\$35 suggested initial donation)

Optional: I've attached an additional contribution of \$_____ to help continue the mission of the ECASMC.

Total amount enclosed: \$

Section 3: STATEMENTS OF UNDERSTANDING

1. The Lifetime Supporting Member understands that:

- the FCASMC is a 501(c)(4), nonprofit, nonsectarian organization entirely operated by volunteers working to protect consumer's right to choose a meaningful, dignified and affordable funeral.
- the FCASMC strongly recommends that everyone reviews the information at (www.fcasmc.org) prior to making any funeral-related decisions.
- the FCASMC strongly encourages everyone to visit all the local funeral homes in their area so they can meet the staff, see the facilities, collect written information, and review their findings in the comfort of their home where they are free from any pressure to make a purchase. (As with other consumer products and services, the least expensive product or service is not necessarily the best one for you. Nevertheless, the most expensive product or service does not guarantee the best offering either.)
- while he/she is free to select any licensed funeral home or mortuary business to provide funeral/cremation services, Allen Mortuary, is a longtime, family-run, local mortuary currently offers discounts to FCA members.
- **the FCASMC does not endorse, steer, or encourage anyone, in any way, to seek services from Allen Mortuary over any other local mortuary or funeral home.**
- the FCASMC does not control the amount or duration of the discount offered by Allen Mortuary and confirms that no one should become a member solely on the basis of receiving a discount.
- he/she is under no obligation to use Allen Mortuary services.

Please check one of the boxes below, sign and date and return with your membership application.

1. Please advise Allen Mortuary of my membership and final arrangement choices.
 2. Please do not advise Allen Mortuary of my membership and final arrangement choices.

If you checked #1 box above, do you want a Allen Mortuary Consultant to explain how you may be able to "lock-in" your future funeral costs? Yes No

MAKE SURE YOU HAVE CHECKED THE APPROPRIATE BOXES ABOVE.

ACKNOWLEDGEMENT/UNDERSTANDING

I have read and acknowledge the content of this page and understand the above statements.

Signature of New FCASMC Member/Conservator

Date

Print Name of New FCASMC Member/Conservator

Section 4: INSTRUCTIONS FOR FINAL ARRANGEMENTS

MORTUARY OR FUNERAL HOME SELECTION:

(Write in name): _____ Phone: _____

Address: _____

City: _____ St: _____ Zip: _____

Allen Mortuary, 247 N. Broadway, Turlock, CA 95380 | Tel: 209-634-5829

PART 1: TYPE OF SERVICE

(Check the box below for the type of service desired.)

CREMATION:

IMMEDIATE BURIAL: **My non-embalmed body to be transported in the least expensive container to a cemetery.** (Cemetery plot should be arranged in advance, otherwise, embalming may be required at additional charges.) Graveside services are also available for an additional charges. There may be additional charges for service outside a specified distance from the mortuary. **Be sure to find out in advance.**

PART 2: FINAL DISPOSITION

If cremation is chosen:

- a) I wish _____ to claim the ashes or arrange for their disposition.
 b) Other _____

If immediate burial is chosen:

- a) I have made arrangements regarding my interment as follows: (Location of burial plot, mausoleum or other instructions: _____)
 b) I wish no memorial service.
 c) I wish a memorial service to be held at: (Indicate church, funeral chapel, private home or other: _____)

Clergyman or other person to conduct service: _____

(Check box(es) if applicable.)

- I leave the decision as to a memorial service to my next of kin.
 Instead of flowers, I prefer memorial gifts sent to: _____

I appoint _____ as my **Primary Designated Person** to make any other necessary decisions regarding my final arrangements and disposition. If _____ cannot fulfill that role, I appoint _____ to become my **Secondary Designated Person**.

PART 3: DECLARATION

I DECLARE THAT THE FOREGOING TO BE MY WISHES AND AFFIX MY SIGNATURE HERETO: I understand that neither the Funeral Consumers Alliance of Stanislaus/Merced Counties (FCASMC) nor its volunteers incur any obligation in regards to any of the services requested herein. Moreover, neither the FCASMC nor its volunteers act as an agent for me or my designated person in execution of these instructions. Payment is due the assigned mortician at the time services are rendered.

Signature of New FCASMC Member/Conservator

/ ____ /

Date

Printed Name of New FCASMC Member/Conservator

Section 5: FINAL WORDS FROM FCASMC

WHAT DO I DO NOW?

1. Send us copies of pages 1 and 2 unless you've selected Allen Mortuary for your final arrangements and you want us to send them a copy, then send us copies of pages 1, 2, and 3.
2. Give copies of page 3 to:
 - your **Primary Designated Person**,
 - your **Secondary Designated Person**,
 - and any family member or friend whom you want to know your final wishes.

WHAT DO I DO ONCE-A-YEAR?

- Be sure to review page 3 once-a-year to make sure that all your selections are current and up-to-date. Sometimes people change their mind about their final arrangements. Other times a change in a Designated Person is necessary.
- If changes need to be made, just get a new copy of page 3 from our website or contact us. Once page 3 has been completed, be sure to give copies of your updated page 3 to your:
 - **Primary Designated Person**,
 - **Secondary Designated Person**,
 - any family member or friend whom you want to know your final wishes,
 - and Allen Mortuary if you selected them to help you.

As always, we at the FCASMC are committed to helping you, your family member(s) and friend(s) via education and encouragement to get educated, know your rights, and don't get taken advantage of. We know thinking about these things isn't a lot of fun, but just know this. By doing the "heavy lifting" now, you're saving your family member(s) and friend(s) a lot of heartache at a very sad time because you took the time to plan ahead. Well done!

Call us at (209) 521-7690 or send us an email. We're here to help!