

Membership Application Form

Please complete and mail this form with your check to:

Funeral Consumers Alliance of Rhode Island
119 Kenyon Avenue
East Greenwich, RI 02818

Checks should be made payable to:

"Funeral Consumers Alliance of Rhode Island"

Date: _____

- \$25 Individual Membership Donation
- \$50 Couple's Membership Donation
- \$____ - Additional Contribution to support consumer education programs

Members receive notices of regular meetings of the Alliance, receive the Alliance's newsletter, and are entitled to other benefits as defined in this brochure and the bylaws.

Name(s): _____

Address: _____

City: _____

State/Zip: _____

Telephone number: _____

Email address: _____

How did you hear about FCA of Rhode Island? _____

Funeral Consumers Alliance of Rhode Island

(401) 884-1131 ♦ fcainri@gmail.com