

# *Funeral Consumers Alliance of the Finger Lakes*

## *Enrollment Form*

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip+4 \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**I would like information about:**

- |  |   |
|--|---|
| <input type="checkbox"/> Funeral planning          | <input type="checkbox"/> Green burial                     |
| <input type="checkbox"/> Funeral costs             | <input type="checkbox"/> Organ donation                   |
| <input type="checkbox"/> Pre-payment pros and cons | <input type="checkbox"/> Body donation to medical science |
| <input type="checkbox"/> Cemetery costs            | <input type="checkbox"/> Death away from home             |
| <input type="checkbox"/> Cremation                 | <input type="checkbox"/> Planning a memorial service      |
| <input type="checkbox"/> Burial                    | <input type="checkbox"/> Other _____                      |

**I would be willing to assist with:**

- |   |  |
|---|--|
| <input type="checkbox"/> Funeral planning presentations                       | <input type="checkbox"/> Member mailings     |
| <input type="checkbox"/> The Newsletter                                       | <input type="checkbox"/> Website maintenance |
| <input type="checkbox"/> Contacting legislators about funeral consumer issues |  |
| <input type="checkbox"/> Other _____  |  |

I learned about the Alliance from \_\_\_\_\_

Please send \_\_\_\_\_ FCAFL brochures for me to distribute.

Print this form and mail to

Funeral Consumers Alliance of the Finger Lakes  
P.O. Box 134  
Ithaca, NY 14851

Donation enclosed:  \$30     \$50     \$75     Other \_\_\_\_\_