

Tri-County Memorial Funeral Society Membership Application Form

APPLICANT 1 - Please Print Clearly

First Name

Middle Name

Last Name

Date of Birth (mm/dd/yyyy) optional SSN last 4 digits

Mailing Address (include care of)

City State Zip + 4

Phone (xxx-xxx-xxxx) Email

Mailing Preference: Email USPS

We protect the personal information provided by member applicants and will not give, sell or transfer such data to any un-affiliated organization.

APPLICANT 2 - Please Print Clearly

First Name

Middle Name

Last Name

Date of Birth (mm/dd/yyyy) optional SSN last 4 digits

Mailing Address (include care of)

City State Zip + 4

Phone (xxx-xxx-xxxx) Email

Mailing Preference: Email USPS

Submitted By:

Phone:

Email:

PAYMENT for Lifetime Membership is \$50 per person

Enclosed is a check payable to Tri-County Memorial Funeral Society or enter your credit card info through the "DONATE" button on our website at www.tri-countyfunerals.org/donate.

DONATE TODAY - Your TCMFS membership covers only a portion of our operations and programs. Please help us further our mission and consider a supporting gift in addition to your membership fee.

Yes, I'd like to make a donation of to TCMFS.

\$ _____

Total Membership Fees

\$ _____

Grand Total

\$ _____



Please Return Completed Form To:
Tri-County Memorial Funeral Society
P.O. Box 51893
Irvine, CA 92619