



Become a Member

Please enroll me in the FCA of Greater Orlando and send me Funeral Planning information, membership card, and a referral to a cooperating funeral provider. Please include a one-time voluntary donation of \$35.00 per person. Dependents under the age of 21 living in the same home are included at no additional cost.

Enclosed is a contribution of \$_____ to the FCA of Greater Orlando to help support its educational programs.

Print Name _____

Address _____

City State Zip _____

Phone _____

Email _____

Spouse _____

Dependents and Dates of Birth

Please contact me regarding volunteer opportunities ____Yes ____No

Please contact me regarding speaking to my religious or civic organization ____Yes ____No

We do not rent or sell our membership list.

Mail this form and a check to:

Funeral Consumers Alliance of Greater Orlando

P.O. Box 953

Goldenrod FL 32733-0953

Phone: 407-677-5009

Email: fcago63@yahoo.com