

**Funeral Consumers Alliance
of Kern County – Yes, I want to join!**
Here's my Membership Application.

NAME	BIRTH DATE
1. _____	_____
2. _____	_____

Street Address

City

Zip

Phone

Date

Email address (optional)

Minors under the age of 18, unmarried and living at home, are covered by the parent(s) membership. Please list.

NAME	BIRTH DATE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

● Number of adult members _____ @ \$30 each = \$ _____

Mail with your check made out to:

Funeral Consumers Alliance of Kern County
P. O. Box 1202
Bakersfield CA 93302-1202