

# The Funeral Advisory Society of Hamilton and District

## Membership Application

Please print out this form, fill it in and mail it to:

The Funeral Advisory Society of Hamilton & District  
P. O. Box 89026  
Hamilton, Ontario L8S 4R5

Please print clearly:

Mr./Mrs./Miss/Ms. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

Enclosed is \$\_\_\_\_\_ for \_\_\_\_\_ lifetime membership(s) @ \$35.00 each.  
Make cheques payable to Funeral Advisory Society of Hamilton & District.

Check here if you wish to receive organ donor information in your  
membership kit: \_\_\_\_\_