

MEMBERSHIP APPLICATION FORM

PEOPLE'S MEMORIAL ASSOCIATION

Membership fees are non-refundable and not transferable between individuals. **PEOPLE'S MEMORIAL FUNERAL COOPERATIVE**

APPLICANT 1 - Please Print Clearly

Prefix **Name (First, Middle, Last)** **Suffix**
Rev. Jr., Sr.
Dr. etc. II, etc.

Street Address (where membership packet should be mailed)

City **State** **Zip**

Phone **Email**

Social Security Number (optional)

PMA protects the personal information provided by member-applicants and will not give, sell or transfer such data to any unaffiliated organization without your permission.

Date of Birth **Name of Spouse or Partner**

APPLICANT 2 - Please Print Clearly

Prefix **Name (First, Middle, Last)** **Suffix**
Rev. Jr., Sr.
Dr. etc. II, etc.

Street Address (where membership packet should be mailed)

City **State** **Zip**

Phone **Email**

Social Security Number (optional)

PMA protects the personal information provided by member-applicants and will not give, sell or transfer such data to any unaffiliated organization without your permission.

Date of Birth **Name of Spouse or Partner**

Submitted by: **Date:**

Phone: **Relationship to applicant:**

Where did you hear about PMA?:

PAYMENT Lifetime Membership \$25 per person

Enclosed is a check payable to "People's Memorial Association," or provide credit card information below:

Visa **Mastercard** **Expiration Date** /

Return completed form with payment to:

Card #

Name on Card

Billing Address of

Cardholder

People's Memorial Association
1801 12th Avenue, Suite A
Seattle, WA 98122-2474
Fax (206) 529-3801