

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

Legal Name (First, Middle, Last)

Suffix

Rev.
Dr. etc.

Jr., Sr.
II, etc

Street Address (where membership packet should be mailed)

City

State

Zip

Phone

Email

SSN (last 4 digits only)

Commonly-used First Name or Nickname ie Kate, Jim, Patty, Bill, Butch

Gender<

"Male

"Female

Date of Birth

Name of Spouse or Partner

APPLICANT 2 - Please Print Clearly

Prefix

Legal Name (First, Middle, Last)

Suffix

Rev.
Dr. etc.

Jr., Sr.
II, etc

Street Address (where membership packet should be mailed)

City

State

Zip

Phone

Email

SSN (last 4 digits only)

Commonly-used First Name or Nickname ie Kate, Jim, Patty, Bill, Butch

Gender<

'Male

'Female

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