

**Membership Application**  
**FUNERAL CONSUMERS ALLIANCE OF LOS ANGELES**  
**P.O. BOX 122**  
**CRESSEY, CA 95312**  
**Phone: (213) 222-6440**  
**Email: [support@fcalosangeles.org](mailto:support@fcalosangeles.org)**

Please complete and return a form for each person joining. Type or print with a pen. If you print, please do so legibly. Thank you.

**SECTION 1: MEMBERSHIP INFO**  
**MEMBER #1**

First Name

Last Name

\_\_\_\_\_

Street Address or PO Box #

\_\_\_\_\_

City

Zip

\_\_\_\_\_

Mobile Phone

Home Phone

\_\_\_\_\_

Email Address

\_\_\_\_\_

Name of someone we can contact if we're having trouble reaching you.

Name

Phone

\_\_\_\_\_

Email Address

\_\_\_\_\_

**PLEASE NOTIFY US OF ANY CHANGES TO YOUR INFO ABOVE.**

**Thank you.**

**SECTION 2: MEMBERSHIP FEE**

Membership Fee and/or Donations by check should be sent to:

**FCALA  
PO BOX 122  
CRESSEY, CA 95312**

Membership (\$50 each)	\$ _____
Donation (optional)	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

Please be sure to make your check payable to FCALA for the appropriate amount. Be sure to Memo "FCALA New Member" on your check. Also, be sure to include your membership application, only pages 1-3, one for each person joining.

Very Important! Memberships begin when your application and check have been received and processed.

Please process the application and \$50 donation for the party shown on page 1.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

### **SECTION 3: STATEMENTS OF UNDERSTANDING**

1. The Lifetime Member understands that:

- the Funeral Consumers Alliance of Los Angeles (FCALA) is a 501(c)(3), non-profit, nonsectarian organization entirely operated by volunteers working to protect consumers' right to choose a meaningful, dignified, and affordable funeral,
- the FCALA strongly recommends that everyone reviews the information at [fcalosangeles.org](http://fcalosangeles.org) or at other websites via links provided prior to making any funeral-related decisions so that you can learn about your rights as a consumer and protections available to you by the Federal Trade Commission and State of CA Consumer Affairs Department, etc.,
- the FCALA strongly encourages everyone to visit all the local funeral homes in the area so they can meet the staff, see the facilities, collect written information, and review their findings in the comfort of their own home where they are free from any pressure to make a purchase. (As with other consumer products and services, the least expensive product or service is not necessarily the best one for you. Nevertheless, the most expensive product or service does not guarantee the best offering either.),
- the FCALA does not endorse, steer, or encourage anyone, in any way, to seek services over any other local mortuary or funeral home,
- he/she is under no obligation to use any funeral home or mortuary services from any of our cooperating/participating entities,
- monies sent to FCALA are non-refundable.

### **ACKNOWLEDGEMENT AND UNDERSTANDING**

I have read and acknowledge the content of this page and understand that above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**SECTION 4: INSTRUCTIONS FOR FINAL ARRANGEMENTS**

**THIS SECTION AND ALL FOLLOWIING SECTIONS SHOULD NOT BE MAILED TO FCALA. ONLY SEND US PAGES 1, 2, 3.**

Name of funeral home, mortuary, or cremation services company you select.

\_\_\_\_\_

Street Address or PO Box #

\_\_\_\_\_

City

Zip

\_\_\_\_\_

Business Phone

Fax Number

\_\_\_\_\_

Email Address

\_\_\_\_\_

**PART 1: TYPE OF SERVICE**

**DIRECT CREMATION:**

**(If you select cremation, be sure to select one of the following choices or explain below.)**

Direct Cremation: I want to provide container. I do not want a service.

Direct Cremation: I want to provide container. I do want a service. (Details below.)

Direct Cremation: Least expensive urn at mortuary, funeral home, or cremation co.

Direct Cremation: (See below for details.)

Details for above selection: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DIRECT IMMEDIATE BURIAL:**

My non-embalmed (unless absolutely required) body is to be transported in the least expensive container to the \_\_\_\_\_ cemetery.

(Cemetery plot should be arranged in advance, otherwise embalming may be required at additional costs. Gravesite services are also available for additional charges. (Currently \$1,799) There may be additional charges for services outside a specific distance from the mortuary, funeral home to the cemetery. Be sure to check in advance with the company to be performing your service.)

**PART 2: FINAL DISPOSITION**

If cremation is chosen:

\_\_\_ a) I wish to claim the ashes or arrange for their disposition.

\_\_\_ b) Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If immediate burial is chosen:

\_\_\_ a) I have made all the arrangements regarding my internment as follows: (Location of my burial plot, mausoleum, or other instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ b) I wish to have no memorial service.

\_\_\_ c) I wish to have a memorial service to be held at: (Indicate church, funeral home, mortuary, private home, or other. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Clergyman or other person to conduct the service.

\_\_\_\_\_  
(Check box(es) if applicable)

\_\_\_ I leave the decision as to a memorial service or not to my next of kin.

\_\_\_ Instead of flowers, I prefer memorial gifts to: \_\_\_\_\_

I appoint \_\_\_\_\_ as my **Primary Designated Person** to make any other necessary decisions regarding my final arrangements and disposition. If \_\_\_\_\_ cannot fulfill that role, I appoint \_\_\_\_\_ as my replacement to step into the role of **Primary Designated Person**.

## **SECTION 5: WHAT DO I DO NOW?**

- 1. AGAIN, ONLY SEND US PAGES 1-3.**
2. Give copies of pages 4-8 to your Primary Designated Person and his/her backup.

## **WHAT TO DO ONCE-A-YEAR?**

1. Be sure to review pages 4-8 to make sure all the information is still the way you want it and/or is accurate. Sometimes we change our minds while other times the Primary Designated Person must be updated.
2. If changes need to be completed, just access a blank page from our website or give us a call.
3. Once you've completed reviewing your pages 4-8 and everything is just the way you want it, be sure to share the pages with your Primary Designated Person and backup so they too have the most current info.

As always, we at FCALA are committed to helping you, your family member(s) and friend(s) via education and encouragement to get educated, know your rights, and not get taken advantage of. We know thinking about these things isn't a lot of fun, but just know this. By doing the "heavy lifting" now, you've saved your loved ones a lot of heartache at a very sad time because of your actions now and thoughtful planning. Strong work!

Please call us at (213) 222-6440 or send us an email to [support@fcalosangeles.org](mailto:support@fcalosangeles.org) with any questions or concerns. We're here to help you and yours!!!