

FUNERAL CONSUMERS ALLIANCE OF LOS ANGELES

Phone: (213) 222-6440

Email: support@fcalosangeles.org

Membership Application

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Mobile Phone _____ Home Phone _____

Email _____

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

Name _____ Phone _____

Email _____

STATEMENTS OF UNDERSTANDING

- 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 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.
- Members are 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.

MEMBERSHIP FEE: \$ 50.00

Any amount over \$50.00 will be considered an additional gift and very gratefully received!

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

Signature (not needed if sending by email) _____ Date _____

Print Name: _____

Mail your check (payable to **FCALA**) along with this membership application to:

FCALA

P.O. BOX 122

CRESSEY, CA 95312

[Click here to make your donation.](#)