

Arizona Funeral, Cemetery & Cremation Association



INDIVIDUAL MEMBERSHIP FORM

Membership Classification
(Please circle one)

| | |
|-----------------------|-------|
| Non-Owner Licensee | \$165 |
| Retired, Semi-retired | \$ 75 |

Based on the above classifications, I am enclosing payment in the amount of \$_____ for my 2010 Individual AFCCA Membership dues. Please make check payable to AFCCA and mail to:

Arizona Funeral, Cemetery & Cremation Association
2753 E. Broadway, Suite 101-414
Mesa, AZ 85257
Phone: 480-649-1144
Fax: 480-649-0362
E-mail: afcca@q.com

Please type or print; it is important you complete this information completely and legibly for our membership directory. Our membership directory is published in July. If you experience a change in personnel or other pertinent data, please notify the AFCCA office no later than July 15th.

Payment Type

Cash
 Check Paid by check # _____
 Credit Card Visa MC Amex Discover

Credit Card Number: _____ Expiration Date: _____

Signature: _____ Code on back _____

Roster Information

Please type or print. It is important that you fill this information our completely and legibly for our roster information).

Name: _____

Firm Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

We recognize that changes may occur. Our membership directory is published in July. If you experience a change in address or other pertinent data, please notify the AFCCA office no later than July 15th