



Enclosed is my check for:

- Individual Membership - \$50 per person
- Transfer Membership - \$15 per person
- Child/Dependent Membership - \$25 for all children/dependents 25-years-old or younger

Applicant Name \_\_\_\_\_

Child or Dependent Name \_\_\_\_\_

Child or Dependent Birthdate \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If transferring, what is your current FCA affiliate and member number? \_\_\_\_\_

**THANK YOU FOR YOUR TAX-DEDUCTIBLE DONATION!**

**VOLUNTEER WITH OMA**

I would like to help OMA educate and support more people by volunteering.

- OMA spokesperson** (advocate for OMA in my community; distribute brochures)
- Regional Advocate** (coordinate with and visit mortuaries in my region to gather price lists)
- Board or Committee Member** (fundraising, technology, marketing & social media skills)
- Workshop Presenter** (*All's Well That Ends Well* workshops, OMA history & information)

**THANK YOU FOR YOUR CONSIDERATION**