

# 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

Date of Birth  Name of Spouse or Partner

*PMA protects the personal information provided by member-applicants and will not give, sell or transfer such data to any unaffiliated organization without your permission.*

Gender (circle)  
**Male Female**

## 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

Date of Birth  Name of Spouse or Partner

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Gender (circle)  
**Male Female**

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**  
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