



Funeral Support Services Organization

Not for profit incorporation

FORM "B"

Date:

I am a registered Principal Member of FSSO with ID# FSSO/ /20 . I would like to make the following changes in my Membership information

A) Add the name of dependent Child (ren) Spouse

1. First Name: _____ Last Name: _____ Year of Birth: ____ M F

2. First Name: _____ Last Name: _____ Year of Birth: ____ M F

3. First Name: _____ Last Name: _____ Year of Birth: ____ M F

As required I am attaching herewith a Cheque for \$..... covering the Membership fee @ \$25 per family member as mentioned above and \$25 admin fee.

B) Make the following changes in my Bank Account, Home Address, Email and Phone.

Bank Name: _____ *(please enclose a void cheque).*

Account # _____ 5 Digit Branch Code _____

Home Address: _____

Email Address: _____

Phone: Home: _____ Cell: _____

Name of Principal Member

Signature

Date

For FSSO Office use

Membership fee received (if applicable) Yes No Cheque Cash \$ _____

Approved by Director Administration Signature and Date _____