



Funeral Support Services Organization

Not for profit incorporation

MEMBERSHIP APPLICATION

Members ID:

Principal Applicant

First Name: _____ Last Name: _____ Year of Birth: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell # _____ Email: _____

Next of Kin Name: _____ Relation: _____ Tel/Cell: _____

Close friend or family member name: _____ Tel/Cell: _____

Spouse

First Name: _____ Last Name: _____ Year of Birth: _____

Tel: _____ Cell # _____ Email: _____

Dependent Children

Complete if registering a dependent child(ren) under 19 Only. Dependent child(ren) has (have) to Re-register as a principal member as soon as he/she reaches over 19 years of age.

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

4. First Name: _____ Last Name: _____ Year of Birth: _____ M F

Principal Applicant: _____
Name Signature Date

Spouse: _____
Name Signature Date

Referred by:

Received by:

1306 Mowat Lane, Milton, Ontario, L9T 6C2

Tel: 289 632 6362 E-mail: info@fssso.ca www.fssso.ca

Note: Funeral Support Services Organization has the right to accept or reject any Membership Application without any prejudice.

Cash	\$	
Cheque		\$
Dated:		



MEMO OF UNDERSTANDING

For your kind information the contents of each and every document attached herewith are self explanatory. However, before signing these documents we most humbly request you to please read carefully and go through each and every word to have very clear picture and understanding of the overall concept of FSSO membership scheme.

As a token of understanding and confirmation please sign this document and return with other documents of this package duly signed s well.

Thanks.

MANAGEMENT
Funeral Support Services Organization

I, the undersigned, Mr./Mrs. _____ do hereby Confirm that I have read and gone through the contents of FSSO Membership documents carefully, understood the concept of FSSO and as a token of confirmation and understanding I am signing this document giving my consent to become a Member of FSSO.

Signature _____

Date: _____

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PRE-AUTHORIZED PAYMENT PLAN AGREEMENT

I, the undersigned, a registered member of Funeral Support Services Organization do hereby authorize the said organization to draw reimbursement share amount not to exceed \$25 (Twenty Five) at one time to cover funeral cost of deceased member of the organization as and when needed and debit the same to my under mentioned account:

TYPE OF ACCOUNT: CHEQUING SAVING

BANK ACCOUNT # _____ BRANCH CODE: _____

NAME OF THE BANK: _____

ADDRESS OF THE BANK: _____

I have certain recourse rights if any amount debited does not comply with this agreement. For example, I have the right to receive back debited reimbursement amount that is not authorized or is not consistent with this agreement.

NAME: _____ SIGNATURE: _____ DATE: _____

..... PLEASE ENCLOSE A VOID CHEQUE