



## APPLICATION FORM

Complete this form and send a signed copy by mail or fax or email to:  
 Memorial Society of British Columbia  
 205 - 640 West Broadway  
 Vancouver, BC V5Z 1G4

For assistance, phone: 604-733-7705 or 1-888-816-5902 (toll free)  
 or fax: 604-733-7730 or 1-888-816-5903 (toll free)  
 or email: info@memsoc.org

Copies of this form are available on our website at  
<http://www.memsoc.org>. Click on button "Join" on the left.

The Memorial Society of British Columbia is non-profit consumer organization incorporated under the Societies Act of British Columbia since 1956. The Society provides access to simple, dignified and low-cost funeral arrangements. Members are of all ages and from all walks of life.

### BENEFITS OF BECOMING A MEMBER

- To take advantage of the low-cost funeral arrangements negotiated with selected funeral providers.
- To enjoy peace of mind, knowing your wishes are recorded.
- Reduced family stress at the time of your death.
- Access to low-cost funeral services - available to all British Columbians.

### HOW TO BECOME A MEMBER

- To become a member for life, complete a membership application (one for each adult) and remit the fee, either \$40 (individual lifetime) or \$50 (individual sustaining lifetime). A sustaining membership includes a donation.
- A member's child is automatically included until age 19.
- Mail your application and membership fee to the Memorial Society. You will receive a membership card and forms to complete and return.
- Memberships can be transferred to/from other Canadian Memorial Societies. A transfer fee may apply.
- You may take out a membership for another person who is unable to sign. Fill out the application accordingly.

### INFORMATION FOR EXECUTOR, ADMINISTRATOR OR OTHER LEGAL REPRESENTATIVE

- You may record your wishes for your funeral arrangements on the arrangement/vital statistics form that is available from the Society. This information will help your executor, administrator or other legal representative to carry out your wishes and to obtain a death certificate at the time of your death.
- Make a copy of your arrangement/vital statistics form for your executor, administrator or other legal representative and keep a copy for yourself in a safe place (not a safety deposit box). Alternatively, return the completed form to the Society. The original will be kept on file and a copy will be returned to you.

You can change your recorded wishes at any time; simply ask for a replacement arrangement/vital statistics form.

### SERVICES AND COSTS

When a member dies, the executor, administrator or other legal representative contacts the Memorial Society for the name of the nearest contracted funeral home. When services are provided for the member by the funeral home, a Memorial Society records (administration) fee of \$35.00 is collected from the member by the funeral home.

Some members choose to pre-pay their services; some purchase funeral insurance or set up savings accounts to cover the costs. The Memorial Society of British Columbia does not sell pre-payment plans or insurance, but can refer members to companies that do.

### OTHER SERVICES AND OPPORTUNITIES

The Memorial Society of British Columbia is planning for an environmentally friendly (green) burial option, and for a volunteer "Assist and Support" program for members and families. Volunteers are involved as members of Branch Committees, representing the Memorial Society in their community. Speakers are available in some communities. Contact the Society office for information.

### PROTECTING PERSONAL INFORMATION

The Memorial Society of British Columbia respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up-to-date on the activities of the Memorial Society, including programs, services, meetings, special events, opportunities to volunteer or to donate, and more, through periodic contacts. If at any time you wish to be removed from our list, simply contact us by phone at 1-888-816-5902 (toll-free) or 604-733-7705 or by email at info@memsoc.org.

- ◆ Tell us: \_\_\_\_\_
- ◆ How did you hear about the Memorial Society? \_\_\_\_\_

Please print clearly. Use full legal name.

Revised: August 11, 2008

<p><b>Member 1</b> <span style="float: right;"><input type="checkbox"/> Female <input type="checkbox"/> Male</span></p> <p>Surname _____</p> <p>Given names _____</p> <p>Address _____</p> <p>City _____ Postal code _____</p> <p>Province _____ Phone (____) ____-_____</p> <p>E-mail _____</p> <p>Birth Date (dd/mm/yyyy) _____</p> <p>Are you employed by the funeral industry? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Signature _____</p> <p style="text-align: center; font-size: small;">If not signed by member, please print name of signing authority.</p> <p>Payment <input type="checkbox"/> \$40 individual lifetime membership <i>or</i>  <input type="checkbox"/> \$50 individual sustaining lifetime membership (includes donation)</p> <p><input type="checkbox"/> cheque <input type="checkbox"/> money order <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA</p> <p>Account Number _____</p> <p>Expiry Date (mm/yy) _____</p> <p>Card Owner Name _____</p>	<p><b>Member 2</b> <span style="float: right;"><input type="checkbox"/> Female <input type="checkbox"/> Male</span></p> <p>Surname _____</p> <p>Given names _____</p> <p>Address _____</p> <p>City _____ Postal code _____</p> <p>Province _____ Phone (____) ____-_____</p> <p>E-mail _____</p> <p>Birth Date (dd/mm/yyyy) _____</p> <p>Are you employed by the funeral industry? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Signature _____</p> <p style="text-align: center; font-size: small;">If not signed by member, please print name of signing authority.</p> <p>Payment <input type="checkbox"/> \$40 individual lifetime membership <i>or</i>  <input type="checkbox"/> \$50 individual sustaining lifetime membership (includes donation)</p> <p><input type="checkbox"/> cheque <input type="checkbox"/> money order <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA</p> <p>Account Number _____</p> <p>Expiry Date (mm/yy) _____</p> <p>Card Owner Name _____</p>
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