

Eastern Pennsylvania Cremation Society – MEMBERSHIP APPLICATION

We are glad you have chosen to join the Eastern Pennsylvania Cremation Society™. Please complete this form to start the process. For more information about the benefits of membership, please visit our website.

Membership fees are non-refundable. Must be a member for 30 days before package discounts apply.

*Denotes a required field.

Member Information

*First Name _____ *Last Name _____

Middle Name _____ Suffix _____

Maiden Name (if applicable) _____

*Street Address _____

*City _____ *State ____ *Zip Code _____

*Telephone Number (____) _____ - _____ Sex _____ Birth Date ____/____/____

Billing Information

If same as "Member Info" above, do not fill out this section

First Name _____ Last Name _____

Middle Name _____ Suffix _____

Residence Address _____

City _____ State ____ Zip Code _____

Telephone Number (____) _____ - _____

Payment Information

Membership Fee: \$30

*Name as appears on card _____

*Card Number Number _____ - _____ - _____ - _____

Visa, Master Card and Discover Card have 16 digits, while American Express cards have 15 digits.

*Exp Date (month/year) ____/____

*Card Security Code _____

This 3 digit code is located on back of credit cards, except for American Express, where it is a 4 digit code located on the front of card, on the right side in about the middle of the card.

By signing this application form I hereby authorize my credit card to be charged for the membership fee.

____/____/____ _____
Date Print Name Signature