

F.A.C. Renewal Form (Existing Member Only)

NAME: Mr. and Mrs. _____

ADDRESS: _____

PHONE NO: _____

Children under 18 (FREE)

1) NAME: _____ D.O.B _____

2) NAME: _____ D.O.B _____

3) NAME: _____ D.O.B _____

4) NAME: _____ D.O.B _____

Our statement:

“I confirm that I will abide by the rules of the funeral committee during my membership”

Signature: _____

Date: _____

NOTE: THE FEE PER PERSON IS £30

THE FEE FOR MR AND MRS IS £60