FSCA of WISCONSIN
Funeral Service & Cremation Alliance of Wisconsin

2011 FSCA Membership Application

Member Firm: _____

Total Volume (all locations): _____

Applicable Dues: 0-49 **$300** 50-99 **$600** 100-199 **$1000** 200-299 **$1500**
(# of services) 300-499 **$2500** 500-999 **$5000** 1000+ **$6000**

Voluntary Contribution to the FSCA _____

Total Payable Due Upon Receipt **$**_____

Member Firm (principle location): _____

Main Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone:_____

Fax: _____E-Mail: _____

Branch Locations (name):

1. _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Receive Mailings?: _____ Faxes?: _____

Phone: _____ Fax: _____

E-Mail: _____

2. _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Receive Mailings?: _____ Faxes?: _____

Phone: _____ Fax: _____

E-Mail: _____

3. _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Receive Mailings?: _____ Faxes?: _____

Phone: _____ Fax: _____

E-Mail: _____

4. _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Receive Mailings?: _____ Faxes?: _____

Phone: _____ Fax: _____

E-Mail: _____