

Lifetime Membership Application to Memorial Society of Georgia

Please complete a separate application for each adult membership.

Mail the completed application(s) and check to:

Memorial Society of Georgia

1911 Cliff Valley Way, NE

Atlanta, GA 30329

Name: _____

[Print: Last, First, Middle Initial]

Street: _____

City: _____ State: ____ Zip: _____

Telephone: () _____

Email Address _____

I wish to join the Memorial Society of Georgia. Enclosed is a check for \$35.

I will be sent a Pre-Arrangement Form that I will complete and return.

Signature: _____ Date: _____

Please send ___ brochures for relatives and friends.

I heard about the Memorial Society from:

___ Friend ___ Newspaper ___ Clark Howard radio

___ Relative ___ Website ___ Other (please specify _____)

Visit our website: <http://www.memorialsocietyof georgia.org>