

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>