

# FUNERAL CONSUMERS ALLIANCE OF WESTERN PENNSYLVANIA

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**T**he mission of FCAWP is to educate the public about funeral planning and to promote dignity and simplicity in funeral rites.

To help each member define his or her own funeral arrangements, FCAWP establishes relationships with funeral homes in the Pittsburgh region. Annually FCAWP provides members with a price list that shows participating homes' costs for simple or green burial or direct cremation.

After comparing costs, a member can select a funeral home and desired arrangements. FCAWP registers the member's wishes with the selected funeral home.

At the time of the member's death, survivors contact the funeral home and pay to that provider the member price effective at that time.

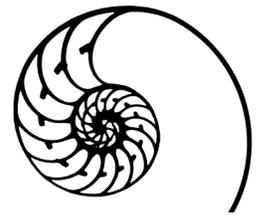
Before joining FCAWP, please call or email to learn the details — such as how to change a provider — and to ask any questions you have.

*Founded in 1958, FCAWP is an affiliate of the national Funeral Consumers Alliance (funerals.org) organization. FCAWP's all-volunteer board, which is elected by members, provides governance and administration.*

*FCAWP is a 501(c)(3) nonprofit organization, donations to which are tax-deductible to the fullest extent permitted by law. Official registration and financial information is available from the Pennsylvania Department of State by calling, toll-free within the state, 800-732-0999 or by visiting [file.dos.pa.gov/search/business](http://file.dos.pa.gov/search/business).*

*Annually, FCAWP pays 15% of undesignated donations to the national alliance.*

*FCAWP does not resolve consumer complaints or provide financial help. FCAWP is not liable for failure to pay a funeral home or for funeral home closure.*



*To join, please complete, detach, and send the form below. Save the top portion to retain contact information.*

## MEMBERSHIP FORM

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

No. of family members, including yourself, to be enrolled \_\_\_\_\_

*Eligible family members include spouse, partner, dependent(s) under age 18 or as the Internal Revenue Service defines.*

Yes, I am interested in information about body, organ, or tissue donation.

Please:

- Enclose a check for membership: \$50 for yourself, \$25 for each additional family member.
- Send this completed form and your check to FCAWP at the address above.

Enclosed is my check for \_\_\_\_\_  
Amount

Date today \_\_\_\_\_

*FCAWP will send a membership packet with enrollment materials, including price list.*