



Memorial Society of Northeast New Jersey, Inc.

PO Box 1327 Montclair NJ 07042 • 973.783.1145 • MemSocNENJ@gmail.com • FuneralsNENJ.org

Membership Application

Please print a copy of the application. Complete and mail with your check to the address below.

Please enroll me/us in the Memorial Society and send the pre-arrangement information packet.

Name _____

Spouse's Name _____

Address _____

City _____ State _____ Zip Code _____

Preferred telephone number __ (____) _____ --- _____

Email address _____

Names of Dependent Children *If your children are under 26, you can enroll them, as well.*

Name	Date of Birth

Please tell us how you learned about the Society. *Check all that apply.*

- Friend Website YouTube video
 Relative Presentation Other _____

Choose type of membership.

Type of Membership	Enter Amount
Individual:	\$35 \$
Couple/Family:	\$50 \$
Transfer from another affiliate:	\$10 \$
I wish to send a donation in the amount of:	Optional Donation: \$
Check Total	\$

Enclosed is the membership fee.

Please make your check payable to the Memorial Society of NENJ and mail your check and the completed application to:

Memorial Society of Northeast New Jersey
P.O. Box 1327
Montclair, New Jersey 07042

Affiliated with the National Funeral Consumers Alliance, Inc.