

## ***Sunset Funeral Co-operative***

*65 Crowdis Crossroad  
Margaree Valley, NS  
B0E 2C0  
(902) 248-2991*

### **Membership Application**

**One application form to be completed for each individual wishing to join.**

I hereby wish to make application to purchase 1 membership of twenty-five dollars (\$25.00) in *Sunset Funeral Co-operative*.

I understand that this entitles me to a \$250.00 deduction before taxes on Funeral Expenses at the time of need.

I understand that this application for membership is subject to the by-laws and policies of *Sunset Funeral Co-operative*.

### **About Yourself**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
M D Y

Affiliated Church \_\_\_\_\_

Town \_\_\_\_\_

Type of Funeral: Traditional \_\_\_\_\_ Cremation \_\_\_\_\_

Signature: \_\_\_\_\_

### **About Your Next of Kin**

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Office Use Only

Received By \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / 10

Amount \$ \_\_\_\_\_ Membership Number \_\_\_\_\_