1.	Please complete	information below:				
Fu	ıll Address (number	, street, R.R. #)	Apt No.	Email		
Ci	ty	Province	Postal Code	(Home) Phone	
2.	Name(s) of Applic	cants				
La	ast Name	First Name		Date of Birth (mm/dd/yy)	Male/Female (M/F)	
_						
		eside applicant who nal applicants can b			billings, etc. from the	
3.	 Do you and your family belong to a Burial Society now? Yes or No [If anyone in your family is already in the Society, this application form is not applicable. Please provide name(s) and date of birth to society to set up new family members] 					
4.	. Are you an attendee or member of a Mennonite Church located in Canada? Yes or No If No, and you reside in Canada, would you agree with the Statement of Faith document on our web site? Yes or No					
5.	5. Would you be willing to have a medical examination, if the Society deems it necessary? Yes or No					
6.	 I hereby declare that the information provided above is correct to the best of my ability. I understand that the coverage can be declared invalid if any information above is false or misrepresented. I am also willing to abide by the Constitution (current and future versions) of the Society. 					
Si	gnature of Applican	t		Date		
Th	nis application must	also be signed by <u>tv</u>	<u>vo</u> references w	ho are presentl	ly members of the Society	
Si	gnature of Current N	Members				
	ame and Account # rint Name and Acco	of Current Members unt #]	S			
Oı	n completion of th	is application form,	, please forward	d to:		
P. <u>inf</u>	ennonite Burial Soc O. Box 28098, 600 fo@mennoniteburia hone) 905-228-1850	Ontario St, St. 0 Isociety.com w	Catharines, Onta ww.mennonitebu available, so ple	<u>ırialsociety.con</u>		

The Board will review your application, and if approved, you will receive an invoice with further details, which once paid,

will officially add those new members to our Society.

Mennonite Burial Society

Membership Application