

LAST JOURNEY FOUNDATION OF GREATER SAN DIEGO
11625 ALDERIDGE LANE, SAN DIEGO, CA 92131
INFO@LJFSD.ORG
TAX EXEMPT EIN: 84-2255177

FOR OFFICAL USE ONLY

Date Received: _____

Payment Info: _____

Membership Number: _____

MEMBERSHIP APPLICATION FORM

DATE: _____

I hereby apply for the membership in Last Journey Foundation of Greater San Diego.

- I confirm that currently I do not have any pre-existing medical condition leading to terminal illness.**

NAME: _____
Last First Middle

DATE OF BIRTH: _____ EMAIL: _____

ADDRESS: _____

PHONE: _____
Home Cell

EMERGENCY CONTACT: _____
Name Phone Relationship

10 YEARS MEMBERSHIP: \$7,500 + \$200 Application Fee

Make Check Payable to “Last Journey Foundation of Greater San Diego”

NOTE: Membership benefits begin after 90 days from the date of joining.

DISCLOSURE:

Last Journey Foundation of Greater San Diego (LJF) is a non-profit organization and its executive committee functions in accordance with its published Policies and Guidelines. LJF agrees to assist in crematory services to the member in this application as long as his/her membership dues stay current. Neither the LJF and its executive committee members, nor the member and his/her family who accepts the membership of LJF, shall under any circumstances be held liable to other for any direct, indirect, punitive, cost, losses, expenses and damages whatsoever and howsoever arising in any event. LJF and its executive committee members will not be a part of any third-party claim against member family.

SIGNATURE: _____

DATE: _____