



Application for Young Professional Membership

Thank you for your interest in joining OGR as a Young Professional member. Annual Young Professional membership dues are **\$100**. Your Young Professional membership includes:

- Subscription to *The Independent* magazine and *Insights* e-newsletter
- Subscription to *Real Talk* e-newsletter created specifically for OGR Young Professional members
- Access to the online Member Roster
- Member rates for registration to Annual Conference, annual Young Professionals event, and on demand online courses
- Member-only access to OGR website, www.ogr.org, which includes forms and templates, webinar podcasts, Ask a Member email resource, Find a Member with Expertise page, and much more
- Invitation to join private Facebook group for OGR Young Professionals to connect with other members
- Postings on OGR job bank for mortuary science school graduates seeking employment
- Once a year resume review for mortuary science school graduates seeking employment

Instructions: To get connected with OGR, please complete the information below.

Contact Name: _____

Home Address: _____

City: _____ State/Province: _____ Zip Code: _____

Telephone: _____ Email: _____

To be eligible for Young Professional membership, you must either be a recent graduate of an accredited mortuary school having graduated within the last two years and/or new to the funeral profession and working for an independent funeral home. An eligibility requirement may be waived, depending on the circumstances surrounding the young professional's application.

Have you graduated from Mortuary Science School within the last two years? Yes No

If yes, please list the name of the school and year you graduated.

Mortuary School Attended: _____ Year Graduated: _____

Are you currently employed at a funeral home? Yes No, but I am seeking employment

If yes, is the funeral home you are employed at independently owned (not owned, managed or controlled by a publicly-traded or private equity corporation)? Yes No

Please tell us more about your place of employment.

Funeral Home Name: _____ City, State: _____

Position/Title: _____

What year did you begin work at this funeral home: _____

Young Professional Membership Agreement

I verify that all statements contained in this application are true. I understand that by providing the above information, I consent to receive communications sent by and/or on behalf of The Order of the Golden Rule, via regular mail, telephone or email. I also agree to pay annual dues owed for the full membership year, regardless of the payment plan used.

Signed: _____ Date: _____

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