



Auxiliary Membership Application

Auxiliary Membership: As an Auxiliary member, you are invited to participate in all member activities. Annual membership is from July 1st to June 30th of each year. Annual Auxiliary Membership dues are \$150.00 and will be prorated based on your enrollment date. Your Membership includes:

- Subscription to the award-winning *The Independent Magazine*
- Annual Resource Guide – a directory of OGR members and your one-stop place to find information on member services, Golden Services Group co-op buying group, educational events, OGR Committees, and the Board of Directors.
- Member rate at OGR Events- Educational seminars, Annual Conference, audio seminars and more.
- Access to OGR website, www.ogr.org

Contact Information:

Name: _____

Address: _____

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

Phone: _____ Fax: _____ E-mail: _____

Former Affiliation:

Your former affiliation with OGR member firm:

Owner

Spouse of the principle owner

Former employee

Name of Firm: _____

Address: _____

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

How long were you affiliated with the member firm: _____ years

Personal References:

Please provide (2) personal references within the Funeral Profession:

Name _____ Address _____

City _____ State/Province _____ Zip/Postal Code _____

Name _____ Address _____

City _____ State/Province _____ Zip/Postal Code _____

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Auxiliary Membership Agreement

I verify that all statements contained in this application are true. I further verify that I no longer actively participate in the Funeral Profession and thus, fulfill the criteria for Auxiliary Membership. 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, e-mail, telephone or fax. I also agree to pay annual dues owed for the full membership year, regardless of the payment plan used.

Signed: _____ **Date:** _____

Payment Method:

Check Enclosed for \$150.00 (please make payable to OGR)

Credit Card: MasterCard Visa Discover

Account # _____ Exp. Date _____

Security Code # (3 or 4 digit code on back of card) _____

Signature _____

Thank you for your membership!

Mail: Attn: Membership Department
International Order of the Golden Rule
9101 Burnet Rd. #120
Austin, TX 78758
Fax: (512) 334-5514

For questions, contact Member Services, (800) 637-8030.