



# Order of the Golden Rule

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# Application for Membership

Online: [www.ogr.org/membership-types-apply](http://www.ogr.org/membership-types-apply)



## MEMBER INFORMATION

Firm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from above)

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

## BUSINESS ORGANIZATION (Check all that apply)

Proprietorship       Partnership       Corporation

Is your firm owned by a private equity company?  Yes       No

If your firm is incorporated, is any of the stock publicly traded?  Yes       No

***If yes to either of the above, your firm is ineligible for membership.***

What year was your firm founded? \_\_\_\_\_

What year did the present management assume control? \_\_\_\_\_

## MAIN FIRM OWNERSHIP & MANAGEMENT

Name of Personnel	Title	% of ownership	Active in Firm?	Lic. # Embalmer/F.D.

## AFFILIATE LOCATIONS

All affiliate firms that are owned and managed by your main firm and are within 100 miles of this firm may also be included with your membership. The annual dues are \$165.00 per affiliate. If you operate more the two affiliates, please list on separate sheet.

### Affiliate #1

Firm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

### Affiliate #2

Firm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

## CASE VOLUME

Please indicate the number of adult cases in which the sale exceeded \$1,000 (USD) for the past fiscal year, not including advances. Include affiliate firms you've included for membership in the total volume. \_\_\_\_\_

## PROFESSIONAL REFERENCES

Please list three (3) professional references.

Reference/Company	Address	City/State/Zip	Phone

Please include \$150.00 application fee, \$100 of which will be applied to your first year dues. Completion of this application does not guarantee membership in OGR. I certify that all information provided is correct and up-to-date. I agree to abide by the Golden Rule Standards of Ethical Conduct provided and available at [www.ogr.org](http://www.ogr.org).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_