

Retiree Membership Application

Annual membership is from January 1 – December 31 of each year. An invoice for your membership dues will be emailed to you upon approval of your completed application. Dues will be pro-rated based on enrollment date.

CONTACT INFORMATION:

Name: _____

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Phone: _____ Cell: _____

E-mail: _____

FORMER AFFILIATION:

Your former affiliation with OGR member firm: Owner Spouse of the principal owner Former employee

Name of Firm: _____

Address: _____

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

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

RETIREE MEMBERSHIP AGREEMENT:

I certify that all information provided is correct. I further verify that I no longer actively participate in the Funeral Profession and thus, fulfill the criteria for Retiree 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, telephone or email. I agree to abide by the Golden Rule Standards of Ethical Conduct available at www.ogr.org/about#Ethics

Signed: _____ Date: _____



Order of the
Golden Rule